



Boston University Henry M. Goldman School of Dental Medicine Student-Faculty Agreement for Resolution

This document is designed to reflect and record the procedures stated under Section IV.B of the Academic Conduct Code. Its use is restricted to a situation involving a first-time offender – a student who signs this form must not have signed such a form previously nor have been found guilty of academic misconduct at Boston University in another instance. Faculty who wish to present this option to a student must first receive written approval from the Assistant Dean for Academic Affairs, acting as the Dean's designate, via the Instructor Report of Alleged Academic Misconduct Form.

To be completed by faculty member:

Agreed penalty for this alleged infraction:

To be completed by the student:

I, (print name and UID#) _____, agree to resolve
allegations of (describe the conduct)
in (course number, semester)

I have reviewed the Academic Conduct Code and the allegations against me and understand that I have a right to a hearing before the Academic Conduct Committee of the school or college in which the alleged infraction occurred, and that my signature below signifies my waiver of this right. I understand that by signing this section of the document, I am agreeing to accept the penalty determined by the faculty member, up to and including a failing grade for the course. I also understand that this document will remain in the School's internal files to be employed if subsequent allegations are filed, and that it may need to be reported in response to a direct question about past academic misconduct or disciplinary sanctions from an undergraduate, graduate, or professional school to which I seek admission or from other authorized entities.

By signing this section of the document, I also certify that I have never before signed a Student-Faculty Agreement for Resolution Form, nor have I previously been found guilty of or admitted to academic misconduct in any school or college within Boston University.

In the case of a finding of academic misconduct by an Academic Conduct Committee, I understand that the Academic Conduct Committee may adjust its recommended penalty in light of repeated acts of misconduct. I also understand that I will receive a letter of reprimand from the Assistant Dean for Academic Affairs.

Finally, I understand that I can void this document and request a hearing before the Academic Conduct Committee within 10 days from the date of my signature.

Student Signature:

Assistant/Associate Dean's Signature:

Date:

To be completed by the faculty member:

I, (print name and title) _____, have reviewed the procedures of the Academic Conduct Code and have received permission from the Assistant Dean for Academic Affairs to offer this student an agreed-upon grading penalty. I understand that in following this procedure, I am waiving my right to bring a charge of misconduct against the above-named student to the Academic Conduct Committee.

Faculty Signature:

Date:

Or (in appropriate cases)

This student has chosen to have his or her case heard by the Academic Conduct Committee.

Student Signature:

Faculty Signature:

Assistant/Associate Dean's Signature:

Date: