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

This document is designed to reflect and record the procedures stated under Section IV. C and IV. D of the Boston University Henry M. Goldman School of Dental Medicine Academic Conduct Code and Disciplinary Procedures. Its use is restricted to a situation where the student has no prior finding or admission of academic misconduct, admits responsibility for the alleged misconduct, and the alleged Code violation is considered minor.

To be completed by the student:

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

To be completed by faculty member and/or Associate Dean:

Agreed penalty for this alleged Code violation:_____

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 Hearing Committee of the school or college in which the alleged violation 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 and/or Associate Dean, 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 an 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. I understand that I will receive a letter of reprimand from the Associate Dean for Academic Affairs.

I understand that by signing this Agreement for Resolution, I am ineligible to sign any future Agreement for Resolution, and any future allegation(s) of academic misconduct against me will proceed directly to a hearing by the Academic Conduct Hearing Committee. In the case of a finding of future academic misconduct by an Academic Conduct Hearing Committee, I understand that the Academic Conduct Committee may adjust its recommended penalty in light of repeated acts of misconduct

Finally, I understand that I can revoke this document and request a hearing before the Academic Conduct Hearing Committee within 7 business days from the date of my signature.

Student Signature: Associate Dean's Signature:

Date: Date:

To be completed by the faculty member:

I, (print name and title)_____ , have reviewed the procedures of the Academic Conduct Code and in consultation with the Associate Dean for Academic Affairs have agreed to offer this student the above agreed-upon 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 Hearing Committee.

Faculty Signature:

Date:

Or (in appropriate cases)

This student has chosen to have their case heard by the Academic Conduct Hearing Committee.

Student Signature:

Faculty Signature:

Associate Dean's Signature: