

Student Academic Dishonesty Settlement
Oregon Institute of Technology

Part One (to be completed by faculty member or administrative director)

Student Name _____	Oregon Tech ID: _____	
Instructor: _____	Class: _____	Term: _____
Alleged Violation:		
Penalty:		
Instructor or Administrative Director Signature: _____		Date: _____

Part Two (to be completed by the student) **This form must be completed within 48 hours of receipt**

Student Explanation (optional) (Use back side or attach another sheet if necessary)
I agree with the above alleged violation and penalty. I understand that a copy of this form will be forwarded to the Student Affairs Office. I also understand that if this is my second offense, my case will be forwarded to the Student Hearing Commission.
Student Signature: _____ Date: _____
I do not agree with the above alleged violation and penalty. I understand that a copy of this form will be forwarded to Student Affairs Office. I also understand by not agreeing, this case may be forwarded to the Student Hearing Commission.
Student Signature: _____ Date: _____

For Student Affairs Office Use Only

Date Received: _____
Action Taken:
Initials: _____