



# The University of Georgia<sup>®</sup>

Office of the Vice President for Instruction

## FACILITATED DISCUSSION AGREEMENT

Alleged Academic Dishonesty Charge(s):\*

- Plagiarism
- Unauthorized Assistance
- Lying/Tampering
- Theft
- Other

\* "A Culture of Honesty," which includes definitions of dishonesty, is found at: <http://www.uga.edu/honesty>

\_\_\_\_\_  
Full Name of Student

\_\_\_\_\_  
Student's Mailing Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Student's Telephone Number

\_\_\_\_\_  
Student's E-mail Address

\_\_\_\_\_  
Course Number (if applicable)

\_\_\_\_\_  
Semester and Year

This matter is also related to:

- A graduate thesis or dissertation  
(The Graduate School has been notified)
- Funded research  
(The Office of the VP for Research has been notified)

\_\_\_\_\_  
Full Name of Instructor or Person Reporting

\_\_\_\_\_  
Department

\_\_\_\_\_  
Campus Address

\_\_\_\_\_  
Campus Address

\_\_\_\_\_  
Campus Telephone Number

\_\_\_\_\_  
E-mail Address

Please return this signed and dated form to:  
Deborah Craddock-Bell, Coordinator of Academic Honesty  
University of Georgia  
Office of the Vice President for Instruction  
Athens, Georgia 30602-1698  
(706) 542-4336

Facilitator's Name \_\_\_\_\_

- We agree that there was no violation of the University's academic honesty policy or that there is insufficient evidence to support a violation of the honesty policy.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Date \_\_\_\_\_

- We acknowledge that a violation of the University's academic honesty policy occurred and agree to the following University sanction(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After the 5-day right to rescind expires, the following people/offices should be notified about this matter or receive a copy of this Agreement:

\_\_\_\_\_

*We have read "A Culture of Honesty" and fully understand that by the student's acceptance of this sanction he/she knowingly takes full responsibility for the incident, admits that he/she violated the University's academic honesty policy, waives his/her right to a formal hearing, and agrees with the proposed sanction. A record of this violation will be maintained by the Office of the Vice President for Instruction for a minimum of 5 years after the date of the student's graduation.*

*We further understand that the student has the right to rescind this agreement by notifying the Office of the Vice President for Instruction within 5 working days from the date this form is signed. If he/she chooses to exercise this right, he/she understands that a University Academic Honesty Panel will be convened according to the guidelines found in "A Culture of Honesty," to determine if academic dishonesty occurred and if so, to assign the appropriate sanction(s) for the violation. In addition, we understand that if the student fails to comply with the sanction listed above, the Office of the Vice President for Instruction may convene an honesty panel to impose additional sanctions.*

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Date \_\_\_\_\_

- I admit to violating the academic dishonesty policy in the course noted and wish to exercise my right to have this matter heard by a University Academic Honesty Panel to assign an appropriate sanction for the violation according to the guidelines found in "A Culture of Honesty."**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

- I report that no agreement was reached and recommend the matter be heard by a University Academic Honesty Panel according to the guidelines found in "A Culture of Honesty."**

Facilitator's Signature \_\_\_\_\_

Date \_\_\_\_\_