

# Allegation of Academic Dishonesty Form

## St. Olaf College

*Before completing this form, please consult with the Dean of Students to ascertain whether the student has a history of academic dishonesty, which may affect penalty incurred.*

Instructor's Name and Department \_\_\_\_\_

I allege that the student listed below has violated St. Olaf's Academic Integrity Policy.

Student's Name \_\_\_\_\_

Course \_\_\_\_\_

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

Description of alleged violation:

If the student admits responsibility, the following penalty will be assigned:

Review the next page with student and obtain student signature, then sign below and deliver to the Dean of Students Office. Implicated students should not deliver the form.

Instructor's Signature _____
Date _____
Dean of Student's Representative Signature _____
Date _____

**To the student:**

1. Please indicate by your signature below whether or not you accept responsibility for the violation and agree to the penalty described on the previous page and return this form to the instructor.
2. You have two business days from receipt of this form to decide whether or not to accept responsibility. You may discuss your decision with any person you choose.
3. If you do not accept responsibility, you have a right to a hearing before a panel composed of both faculty and students from the Student Life Committee before any disciplinary penalty may be imposed for this offense.
4. If you accept responsibility, this form is kept on file in the Dean of Students Office until you graduate, and will be taken into consideration if you are found responsible for another violation. This settlement form is not disclosed to prospective employers or to other schools without your consent.
5. You may not withdraw from the course, or change from graded to S/U, until the allegation is settled, and only then if no penalty resulting in a reduced grade is assigned.

*I have read this entire form carefully and understand its significance. I accept responsibility for the violation charged by the instructor, accept the penalty assigned, and understand that this agreement will be kept on file in the Dean of Students Office until I graduate.*

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

Date \_\_\_\_\_

*I do not accept responsibility for the violation charged by the instructor. I have read this entire form carefully and understand that I am entitled to a hearing before any penalty will be imposed, as described in number 3 above.*

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

Date \_\_\_\_\_