

**HONOR CODE MINOR FIRST OFFENSE FORM**

**Student Name& ID #:**

Faculty/Student Agreement

By signing my name below, I recognize that I have violated the terms of the Augustana Honor Code. Because this is my first offense and considered a minor violation of the Honor Code, this document acts as a record of my offense and will be kept on file until the time of my graduation. My signature represents that I take responsibility for my actions, and I understand that any future violations will result in a hearing with the Honor Council and additional disciplinary sanctions.

Printed Name/Student ID #: \_\_\_\_\_

Signed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Course Name and Number: \_\_\_\_\_

Please provide a detailed description of the incident. Include copies of pertinent information, such as papers, exams, and assignments, along with evidence of the academic dishonesty. Include witnesses if appropriate.