



## Academic Integrity Educational Resolution Program Agreement Form

COURSE NUMBER: \_\_\_\_\_

By signing this form, I acknowledge the Educational Resolution Alternative. I will complete the assignment by the date indicated on this form. I understand that failure to complete this assignment by the due date will result in the faculty member determining that a grade reduction or other substantial academic penalty is merited in this case, either as a result of the initial infraction or as a result of a student not sufficiently completing the additional work agreed to. This information shall be reported to OSRR as an AI violation for its review and handling.

Due Date/Time \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Instructor's Name

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

\_\_\_\_\_  
Date