



Student Conduct Amnesty Agreement Form

Date: _____	Student Conduct Hearing Authority: _____
Name: _____	Rocket #: _____
UTE-Mail: _____	Phone #: _____

The weight of the information indicates that this incident qualifies for consideration under with the UToledo Student Conduct Amnesty Policy.

In accordance with the UToledo Student Conduct Amnesty Policy, you are required to meet with staff member from the OSC&CS and complete a set of educational recommendations, as explained by the staff member. Failure to attend this meeting or follow through with the recommendation(s) from the OSC&CS staff member will result in losing the opportunity for Student Conduct Amnesty, and the incident will be processed as a normal student conduct case.

Please acknowledge your understanding of these expectations below.

____ I accept the conditions of the UToledo Student Conduct Amnesty Policy and waive my right to appeal the educational recommendations assigned by the OSC&CS staff member. I understand that if I fail to complete these educational recommendations as assigned, the case will be finalized as a violation of the Code of Student Conduct and will be part of my educational records.

I have reviewed this form in its entirety with a Student Conduct Hearing Authority, and I understand my rights and the process for the UToledo Student Conduct Amnesty Policy.

Student Signature

Date