

**ACADEMIC HONOR POLICY  
STEP 1 AGREEMENT**

**Before attempting to reach a Step 1 Agreement, call the Office of Faculty Development and Advancement at 644-6876 to check the student's record.**

*Note: This form is used to document Step 1 agreements between instructors and students. It should not be used when students have a prior record of academic dishonesty, when the alleged violation is so egregious that disciplinary sanctions (probation, suspension, dismissal, etc.) should be considered, and when students accept responsibility for the violation but want to challenge the proposed academic penalty. Courses in which there are Academic Honor Policy allegations or a Step 1 Agreement may not be dropped.*

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Student Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_ Student Email: \_\_\_\_\_  
(EmplID's are 9 digits)

Instructor Name: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

Department/College: \_\_\_\_\_ Course: \_\_\_\_\_ Semester: \_\_\_\_\_

Location of Incident \_\_\_\_\_

Alleged Violation: *(Check box of code violation.)*

1            2            3            4            5            6            7            8

Description of Alleged Violation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

Proposed Sanction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Students should contact the Dean of Students Department (644-2428) for assistance.*

I hereby agree that I have violated Florida State University's Academic Honor Policy in the manner described above and agree to the proposed sanction. **I understand that I cannot drop this class.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Note: This agreement becomes a confidential student record of academic dishonesty.)

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*Instructors should contact the Office of Faculty Development and Advancement (644-6876) for assistance.*

*The instructor should send this form to:*

**Office of Faculty Development and Advancement  
115 Westcott Building  
Mail Code: 1480**