



Department of Student Conduct  
and Academic Integrity

### **Student Responsibility Agreement**

Please fill in the appropriate information below, save the document, and then email it back to your Hearing Officer prior to the stated deadline.

I, \_\_\_\_\_ (legal name) hereby accept responsibility for the Student Codes of Conduct allegation(s) assigned to me for Incident Report # \_\_\_\_\_, and select an Informal Resolution meeting.

By entering your initials and information below you acknowledge you are accepting responsibility for **all** listed alleged violations in the initial conduct notification letter sent to your official KSU student email address, and are selecting to resolve this matter through an Informal Resolution meeting.

Initials: \_\_\_\_\_

Student ID #: \_\_\_\_\_

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