



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
OF GEORGIA**

**Honor Council
Augusta University
Medical College of Georgia**

Honor Code Contract

I, _____, certify that I am aware of the Honor Code of the Medical College of Georgia. I have been advised of the website outlining the policies of his code and I understand that I am expected to be completely familiar with the contents of the Honor Code. I recognize that by matriculating at the Medical College of Georgia, I have agreed to promote honorable behavior by maintaining and upholding the Honor Code.

I realize that it is my duty, without exception, to report any violation of the Honor Code of which I have direct knowledge. I will contact an Honor Council member and report this information to the President of the Honor Council in a confidential manner. Failure to report a violation is itself a violation of the Honor Code. Furthermore, I acknowledge that the minimum penalty for a violation of the Honor Code is placement of a letter, detailing the incident, in the permanent record of the convicted person. I understand that serious violations of the Honor Code may cause an individual to be brought before the Student Promotions Committee in the School of Medicine and may be grounds for dismissal.

By my electronic signature below, I affirm that I have read, understand and agree to abide by the Honor Code Contract.

Signature

Date