Course Agreement Form

This is to inform my professor and course facilitator for _________________________________  
Course Number

that I, ________________________________________ have accessed the CourseDen and related course

Print your full name

websites, read its content (including the printed syllabus if available) and understood all the requirements for this 
course, policies on attendance and participation, and deadlines for each assignment.

Given this, I am responsible for adhering to all assignment completion requirements and understand 
that late assignments will be accepted but deductions will be applied. I am accountable for what I submit to the 
course facilitator and understand that there are consequences for NOT following specific instructions in 
completing a particular assignment.

Also, I give to my professor and course facilitator a permission to use my submitted work with no 
reference to my identity to support his teaching (as an example or demonstration) and research (as data for 
analysis) on teaching, learning and/or technology and without any compensation now or in the future. A 
reference to my identity for work submitted requires a separate permission at my end.

Further, I have read and understood the University of West Georgia Academic Dishonesty Policy that 
states, “Students are expected to adhere to the highest standards of academic honesty.” I am aware that the 
university policies regarding issues of honesty can be found under the Student Code of Conduct under Policies 
and Procedures of the Student Guidebook. I am aware that my professor and course facilitator will randomly 
post written (and submitted) work to a software application or website, if available, that checks for 
plagiarism.

Finally, I am aware and understand that I need to request accommodation in this class due to a 
disability, or I have a disability that affects my academic performance. I understand that UWG, in accordance 
with the Americans with Disabilities Act and the university’s guiding principles, will provide classroom and 
academic accommodation to students with documented disabilities. If I do have a disability I understand that 
I need to contact the Coordinator of Disability Services to request for an accommodation.

Signature ________________________________________________

Printed Name ____________________________ Date ____________________________

Please return the completed and signed form to your professor no later the second Tuesday of the term. A SCANNED COPY 
OF THE DOCUMENT WILL BE ACCEPTABLE. Your professor needs to receive the completed form on the aforementioned 
deadline.