

MINOT STATE UNIVERSITY

I acknowledge that I have carefully read and reviewed all the information contained in the:

Code of Conduct & Theft & Fraud Reporting Policy

By signing this document, I understand that my failure to comply with the laws, rules, policies and procedures referred to within these documents may result in disciplinary action up to and including termination of University employment and possible criminal prosecution, depending on the nature of the violation.

Name

(print legibly: last name, first name, middle initial)

Signature

Today's Date

Department

To be properly credited for participating in the fraud training program, please complete and return the signature page to your supervisor.

Original signed forms are required, faxed copies cannot be accepted.