



Augusta State University Agreement to Mediate

In a good faith effort to resolve my dispute, I agree to enter into mediation. By doing so, I understand that I will not be obligated to agree to any particular resolution to the dispute, and that I do not waive or forfeit any of my rights under applicable laws and policies. I agree to keep the statements made during the course of this mediation confidential to the extent allowed by applicable laws and policies.

Name

Date

Mediator

Date

(Prior to mediation, you will be asked to sign an Agreement to Mediate form.)