

Conduct Hearing

Student:

ID:

Phone:

I, _____, am in receipt of the Hearing Information Pack. I understand that I am responsible for the information enclosed, and that if I have further questions, I may contact the Office of Student Conduct at any time before my hearing date.

I also understand that my hearing date and time will be coordinated by the Office of Student Conduct, with my academic schedule considered, and sent to me by University email, and that I am responsible for retrieving that information.

Student Signature _____

Date _____

Please indicate below if you have dates and/or times that you would like for us to work around if possible, such as a work schedule.
