REPORT OF SUSPECTED VIOLATION OF STUDENT CODE OF CONDUCT

Student who is believed to have committed a violation:

Name: ____________________________________________________________

SID: _____________________________________________________________

(Please complete a separate report for each student involved.)

Name of person making this referral: _______________________________________________________________

Dept/Campus address: ____________________________________________________________

Phone: __________________________ Email: ______________________________

Please describe the circumstances of the suspected violation (date of incident, location, facts leading to suspicion of violation, names of witnesses, etc.) If more space is required, attach additional sheets.

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Did you/others file a report with University Police Department? □ Yes □ No

Other University offices to which this information has been reported:____________________________________

_______________________________________________________________________________________________

To the best of my knowledge, the above information is true and correct.

Signature_______________________________________________Date:_________________________________