

<p><b>FOR OFFICE USE ONLY</b></p> <p>Received by _____ (name)  in person • electronically • via mail on  _____ (date) at _____ (time).</p>
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**LIST OF WITNESSES FOR STUDENT CONDUCT PROCEEDINGS**

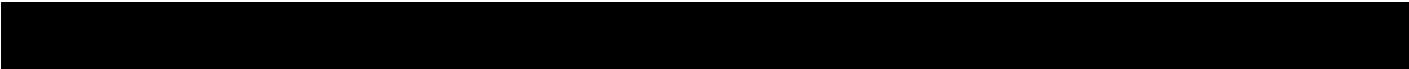
This form is intended to indicate that you wish to call on witnesses to provide information in upcoming student conduct proceedings in accordance with the procedures provided for in the Student Code of Conduct, Policies and Procedures (see <http://www.salisbury.edu/studentconduct/code.html> for details). You must submit the completed and signed form at least 2 working days in advance of your hearing. Late and incomplete forms may result in your witnesses not being allowed to participate or provide a written statement for consideration in your hearing.

**STUDENT INFORMATION**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ Which party in this case are you?  
... Complainant  
... Charged student

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statement for the hearing.

- Please provide all information requested for each listed witness.
- Please note that character witnesses are not permitted to participate in student conduct proceedings, but may submit written statements for consideration.
- Sign and submit u`va

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Brief summary of information witness will provide:

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WITNESS 2

Name: \_\_\_\_\_

Phone: