FOR OFFICE USE ONLY

Received by _

(name)

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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					
	LIST OFC Q 36(9 re W 7 .9111.68 Tm <2.N)8.6 (ESSES) q 369.4					
statement for the hearing. x Please provide all information requested for each listed witness. x Please note that character witnesses are not permitted to participate in student conduct proceedings, but may submit written statements for consideration. x Sign and Rsùlbini u`va						
Name:						
Phone:	Email:					
Brief summary	of information witness will provide:					

WITNESS	2		
Name:		 	
Phone:			