DENT REQUEST FOR A HEARING CAMPUS HEARING BOARD

(Non-Academic Dishonesty Cases)

Student Name:		Date:	
Campus Address:		Box #:	
Student ID:		Student Email:	
Mass Academy Student? Yes_	No		
Please answer the follow	ing questions to the best of	your ability.	
Name of person(s) against whor	m charge(s) are being brought foui	rth:	
Full description of incident (inclu	uding date, time and location of in	cident). Use reverse side if nee	ded.
Section of Student CODE OF COI	NDUCT allegedly violated: (include	specific charges):	
Names of witnesses, if any:			
I understand that I may also ha waive those rights by choosing	ve options to pursue charges crim campus adjudication.	ninally and/or through civil acti	on and that I do not
Student Signature	Student Printed N		 Date

Please submit this form to the Dean of Students Office and schedule an appointment to meet the Case Officer.