ELECTION OF ACTION FORM

Name of Student Charged:  Student Name

Return Form to SRR before:  Time and Day, Date

Please complete this form, sign and return it to the Office of Student Rights & Responsibilities in 2129 I Street, NW, the John Quincy Adams House, prior to the date indicated. Failure to return this form by the designated date will result in your case being assigned to the University Hearing Board, as indicated in the accompanying letter.

I have received a letter stating the charges brought against me. I have decided to elect the following course of action:

Please complete the following options:

1. I request to have:

   A. _____ a University Hearing Board to determine the truth or falsity of the charge(s) and, if necessary, to recommend a sanction.

   B. _____ a Disciplinary Conference to determine the truth or falsity of the charge(s) and, if necessary, to recommend a sanction.

2. You have been charged with violating the following Article(s) of the “Code of Student Conduct.”

   Please indicate whether or not you admit responsibility to each charge:

   1. ___________________________  Admit ________  Deny ________
   2. ___________________________  Admit ________  Deny ________
   3. ___________________________  Admit ________  Deny ________
   4. ___________________________  Admit ________  Deny ________

3. Will you have an advisor present during the Hearing?  Yes* ______  No ______

   * If yes, will your advisor be an attorney?  Yes ___  No ____  Name of Attorney: ________________

Signed______________________________  GWID: ______________________

Date: _____________________________  Phone: ______________________