

# VIRGINIA STATE UNIVERSITY

## PRE-HEARING

Department  
of Student  
Conduct

Date: **Current Date**

**Student Date** you are alleged to be a party in a matter that may be a violation, specifically **Section 5 (Disorderly Conduct – 5.01) and Section 9 (Forgery, Fraud, Theft, Gambling, and Misrepresentation – 9.06)** of the Virginia State University Student Code of Conduct. Other charges may be filed if necessary while the investigation into this matter is pending. You are required to appear in the Department of Student Conduct; Room 306B of Foster Hall, to see a representative to discuss this matter and have it set for a hearing no later than 4:00 p.m. on **NA. Additionally, a Judicial Hold will be placed on your Banner Account.**

A hearing will be set to adjudicate this matter. Your rights are included with this notice. **Please be advised that failure to appear as prescribed above will result in an Administrator's Court Hearing or Administrative Judicial Panel Hearing being held in your absence and you will not be able to appeal the decision of the Hearing Officer or Panel.** You must appear as indicated above. A telephone call will not suffice. **You will receive an additional charge if you provide false information on this document.**

### RIGHTS OF THE ACCUSED

1. You have a right to a Pre-Hearing Conference. \_\_\_\_\_
2. You have a right to receive a written notification of the time and place of the hearing. \_\_\_\_\_
3. You have a right to see a written statement of the charges to enable you to prepare a defense. \_\_\_\_\_
4. You have a right to know the names, if known, of witnesses who may testify at the hearing. \_\_\_\_\_
5. You have a right to appear in person and to present your defense to the appropriate judicial court or administrator and may call witnesses on your behalf. \_\_\_\_\_
6. You have a right to decline to answer questions. \_\_\_\_\_
7. You have a right to be accompanied by a representative counsel of your choice. The representative may be an attorney, a member of the faculty/staff, student body or other individual. If you engage an attorney, written notice must be given to the Director of Department of Student Conduct at least forty-eight hours prior to the hearing. The representative shall be permitted to advise and otherwise counsel the accused before, during and after the proceedings, but shall not be permitted to actively and personally examine the witnesses or argue your case. \_\_\_\_\_
8. You have a right to an expeditious hearing of your case. \_\_\_\_\_
9. You have a right to be notified of your right to appeal the decision of the Judicial Panel within seven days after your hearing. Should the accused appeal, the findings of the Judicial Panel will remain in effect unless overruled by a higher body. \_\_\_\_\_

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10. You have a right to submit a written statement of the accounts that occurred to be presented to the Judicial Panel any time prior to the date and time of the hearing. \_\_\_\_\_
11. **You understand that if you fail to appear in the Department of Student Conduct as indicated, a hearing will be set and you will be tried in your absence and will be unable to appeal the decision of the Hearing Officer.** \_\_\_\_\_
12. **WAIVER OF HEARING**— You shall be notified of your right to a hearing and to have the hearing waived. Such a waiver must be executed by you in writing and communicated to the Department of Student Conduct. **You may NOT appeal the penalty imposed by the Judicial Office as a result of a waived hearing.** \_\_\_\_\_

- ☐ I waive my rights to a hearing. \_\_\_\_\_
- ☐ I would like to request a hearing. \_\_\_\_\_
- ☐ I give consent to release my information to the following person(s). \_\_\_\_\_

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

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

- ☐ I do not give consent to release my information. \_\_\_\_\_
- ☐ I have read and understand the above information. \_\_\_\_\_

Name: \_\_\_\_\_ V# \_\_\_\_\_

VSU or Local Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

VSU or Local Telephone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Permanent Address Telephone Number: \_\_\_\_\_

**(Parents Telephone Not Your Cell Phone)**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff's Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_