



TEXAS A&M INTERNATIONAL UNIVERSITY
A Member of The Texas A&M University System

Student Conduct Participation Form

STUDENT ID: \_\_\_\_\_ PRIMARY CONTACT NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS/ CITY/STATE/ZIP: \_\_\_\_\_

PARTICIPATING AS (Check One): [X] Witness [ ] Victim [ ] Complainant [ ] Respondent

You have identified yourself or have been identified as a participant (as selected above) in an incident involving an alleged violation of the Texas A&M International University Student Code of Conduct. This document is designed to provide you an opportunity to state your preference regarding your participation in a student conduct administrative conference related to an alleged incident. Please answer the questions below and return this form to Student Conduct and Community Engagement staff as soon as possible. Please note that a digital recording may be made at the discretion of the Student Conduct Administrator for investigation purposes.

PARTICIPATION IN ADMINISTRATIVE CONFERENCE (Initial next to all that apply)

I was given the option and:

- Accepted to provide a "voluntary statement form" related to this incident for use in a student administrative conference.
Accepted to participate "in person" at a student administrative conference related to this incident.
Accepted to participate via telephone conference call at student administrative conference related to this incident.
I DO NOT wish to participate in any student conduct conference related to this incident and understand that the student conduct process will proceed with the information available.

NOTIFICATION OF ADMINISTRATIVE CONFERENCE RESULTS (Victims Only):

(Due to federal regulations regarding the release of information contained in student's education files, only the victims of violent crime are entitled to this information.)

- I wish to be notified of the outcome of said student administrative conference via telephone call only.
I wish to be notified of the outcome of said student administrative conference via written documentation.
I wish to be notified of the outcome of said student administrative conference via telephone and written documentation.
I DO NOT wish to be notified of the outcome of the student administrative conference.

As a participant, I understand that under the Federal Education Rights and Privacy Act of 1974 the charged student's conduct file and administrative conference are confidential. I understand that I cannot re-release any of the information without consent of the charged student.

Name of Student - Print

Signature of Student Date

OFFICE USE: RECVD' DATE (STAMP AND INITIAL HERE)

**PARTICIPATING AS** ( *Check One*):  Witness\*  Victim\*  Complainant\*  Respondent  
*initial only indicated section marked with \**

(\*must)

**ACKNOWLEDGEMENT OF INFORMATION (Initial Below)**

\_\_\_\_\_ I have been informed of the Student Code of Conduct violation(s) for which I have been reported and/or charged and I have been given at least three University business days to prepare for my administrative conference (unless I have elected to waive right).

\_\_\_\_\_ I have been informed of, and understand, the student's rights and responsibilities set forth in the **Texas A&M International University Student Handbook**. \*

\_\_\_\_\_ I have been informed of, and I understand, the **Student Conduct Investigation Process**, as set forth in the **Texas A&M International University Student Handbook**. \*

\_\_\_\_\_ I am aware of the potential sanctions for the charge(s) if found responsible. I further understand that the decision of the Student Conduct Administrator(s) may consist of any combination of **Sanctions** set forth in the **Texas A&M International University Student Handbook**.

\_\_\_\_\_ I have been given information regarding **Abuse of Student Conduct Process**, of the Texas A&M University International Student Rules, and I have been given the opportunity to ask questions regarding the same. \*

\_\_\_\_\_ I have reviewed the contents of my case file and I understand that I may have continued reasonable access to my case file at any time when the Student Conduct and Community Engagement office is open (Monday-Friday 8AM to 5PM, and when the University is in operation). \*

\_\_\_\_\_ I have been given information regarding **Unauthorized Recording**, of the **Texas A&M International University Student Rules**, and I acknowledge that I cannot remove, modify, or reproduce images of documents contained within my student conduct file. I further acknowledge that I cannot personally record my Conduct Conference. An official university recording of my Conduct Conference may be made at the discretion of the Student Conduct Administrator for investigation purposes. \*

\_\_\_\_\_ I was informed of my responsibility to educate my advisor of his/her role as set forth in the **Texas A&M International University Student Handbook**. \*

\_\_\_\_\_ I am prepared to proceed with my Student Conduct Conference. \*

\_\_\_\_\_  
Name of Student - Print

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of SCCE Staff - Print

\_\_\_\_\_  
Signature of SCCE Staff

\_\_\_\_\_  
Date