



Authorized by: _____
Assistant Dean of Students

DATE STAMP

**HOFSTRA UNIVERSITY
OFFICE OF COMMUNITY STANDARDS
WITNESS REQUEST FORM**

Name _____ Contact Number _____
Hearing Date _____ Hearing Time _____

WITNESS 1 _____ **Approved** _____ **Not Approved**

Name _____ Contact Number _____
Involvement in the Incident _____

WITNESS 2 _____ **Approved** _____ **Not Approved**

Name _____ Contact Number _____
Involvement in the Incident _____

WITNESS 3 _____ **Approved** _____ **Not Approved**

Name _____ Contact Number _____
Involvement in the Incident _____

I understand that final approval for each of the above witnesses is determined by the Assistant Dean of Students. Furthermore, it will be my responsibility to notify the above mentioned witnesses of the date, time, and place of the hearing should they be approved to testify. For more detailed guidelines regarding student hearings, see the Code of Community Standards found in the Guide to Pride.

Signature _____ Date _____