

ABSENTEE WITNESS STATEMENT

Witness Name: _____

Witness Cell Phone Number: _____

Witness Academic Conflict – Check one of the following that best describes your academic conflict:

Class ___ Internship ___ Mandatory class activity ___ , please explain the activity: _____

RA's ONLY – Initial here if Incident Report will serve as your absentee witness statement (only do so if you have no additional information to add as an absentee witness): _____

By signing this 'Absentee Witness Statement' form, I understand and agree that I am responsible for the truth and accuracy of my witness statement and I further understand that failure to fulfill this responsibility may result in charges of Falsification/Forgery:

Witness Signature: _____ Date: _____

This Absentee Witness Statement is for the hearing to be held on _____ at _____.
DATE TIME

Witness Statement: _____

Check one: End of Statement ___ Statement Continued on next page: ___

