1. The Informal Resolution Meeting took place on _______________________. (date)

2. **Summary of Rights**
   Please initial in the space provided indicating that you understand each statement.

   a. _____ I have 5 business days from the day my outcome notification was sent to submit my denial of the outcome of the Informal Resolution Meeting.

   b. _____ I have the right to have an advisor assist me during the hearing. My advisor can confer with me only. They cannot speak to the hearing body nor ask questions on my behalf during the hearing process.

   c. _____ I have the right to present witnesses and/or documentation and information to help support my case.

   d. _____ I must provide the name of my requested advisor, any witnesses and copies of any information/documentation I wish to present during the hearing to the Student Conduct Officer in writing at least 2 business days prior to the hearing.

   e. _____ If I fail to appear at the hearing, all matters described will be considered true and I will waive my right to a hearing. In addition, the hearing body may make a determination in my absence. I understand that consideration for the hearing day, time and location will be made in accordance with my academic schedule only.

   f. _____ Notification of a hearing date, time and location will be sent via email whenever possible, or unless otherwise noted.

   g. _____ I have the right to appeal the outcome of the hearing body within 5 business days. I understand that the only acceptable grounds for appeal are a violation of the proscribed guidelines and/or new information being obtained. Additionally, I am aware that the appeal must meet the criteria outline in the *Student Code of Conduct*.

Please address your denial of outcome to:

**Student Conduct Officer**  
**Office of the Associate Dean of Students**  
**Texas A&M University-Corpus Christi**  
6300 Ocean Drive Unit 5792  
University Center – Room 206  
Corpus Christi, TX 78412

Name: (please print)________________________________________ID#_____________________________________

Signature:_________________________________________________