TAMU-CC Student Conduct & Community Standards
Denial of Student Conduct Conference Outcome

1. The Student Conduct Conference 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
   Robert Furgason Engineering Building – Room 319
   Corpus Christi, TX 78412

Name: (please print)________________________________________ ID#__________________________
Signature:________________________________________________