

OFFICE OF THE DEAN OF STUDENTS



WITNESS STATEMENT

Student Information



Full Name: _____

Last Name

First Name

M.I.

Nickname

Today's Date: _____ Student I.D. #: _____



I freely give the following statement of what I saw or heard in relation to the investigation of a Code of Conduct or Academic Honor Code Violation. (Please include names, dates, and times)

I witnessed _____



My signature affirms my statement above is true and correct.

Student Signature

Date

Witness Signature

Date