



Student Conduct Hearing Board (SCHB) Application

REQUIREMENTS:

- Must be a current University of Toledo student, facility, or staff member.
- Students must be in good academic standing with no serious conduct violations at the university.
- A Student Conduct Hearing Board (SCHB) application must be completed.
- Members selected to serve on the SCHB must complete training prior to hearing a case.

INSTRUCTIONS:

- Complete this form in its entirety.
- Responses to below questions must be typed and attached to this application form.
- Return to the Office of Student Conduct, Ottawa West/Office of Residence Life.

NAME: _____ ROCKET # R _____

UT Affiliation: ___FR ___SO ___JR ___SR ___GRAD ___ Facility ___ Staff ___

LOCAL ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE: _____ UT EMAIL ADDRESS: _____

QUESTIONS:

1. Why are you interested in being a member of the SCHB?
2. What experiences have you had that might help prepare you to serve on the SCHB?
3. What personal qualities or characteristics would you bring to the SCHB?
4. What challenges might you encounter being on the SCHB?
5. Have you ever violated the Student Code of Conduct? If yes, please explain.
7. What activities or campus organizations have you been involved with at the University of Toledo?
Approximately how many hours a week do you spend with each one?

I, _____, authorize the Office of Student Conduct to check my grades and student conduct record to validate that I meet the requirements needed to be considered for membership on the Student Conduct Hearing Board.

PLEASE CONTINUE TO PAGE 2

Office of Student Conduct

The University of Toledo | Office of Student Conduct
2801 W. Bancroft St. - MS 519 | Toledo, OH | 43606

(P) 419.530.8585 | (F) 419.530.2942 | (E) studentconduct@utoledo.edu



Student Conduct Hearing Board (SCHB) Application

REFERENCES: (one must be an UT employee)

1. Name: _____ Position/Title: _____

Phone: _____ Email: _____

Relationship with individual: _____

How long have you known this individual: _____

2. Name: _____ Position/Title: _____

Phone: _____ Email: _____

Relationship with individual: _____

How long have you known this individual: _____

Please return this application to the Office of Student Conduct, Ottawa West Administrative Office/Office of Residence Life.

Signature

Rocket Number

Date

Office of Student Conduct

The University of Toledo | Office of Student Conduct

2801 W. Bancroft St. - MS 519 | Toledo, OH | 43606

(P) 419.530.8585 | (F) 419.530.2942 | (E) studentconduct@utoledo.edu