

Indiana University Purdue University Indianapolis

Office of Student Rights, Responsibilities and Conduct

Responsibility Indication Statement

This form should be completed, signed and dated by you, the accused student, and delivered to the Office of Student Rights, Responsibilities and Conduct, 420 University Blvd. Campus Center suite 350, no later than five school days from the receipt of the charges. If you fail to appropriately respond, a hearing will be scheduled for you.

Questions concerning the completion of this form may be directed to the Office of Student Rights, Responsibilities and Conduct at (317) 274-4431.

After consideration of the charges, documentation and any witness statements, I have decided to take the following action in reference to the case now pending against me:

_____ I accept responsibility for acts that violate the regulations in the charges and waive my right to a hearing. I understand that this choice allows the Director of Student Rights, Responsibilities and Conduct to make a finding based solely on the content of the complaint and supporting documentation. (The student does not forfeit the right to appeal the action.)

_____ I am not responsible for any act in violation of the regulations specified in the charges and I request a hearing.

_____ I accept responsibility for acts, which violate some of the regulations specified in the charges. However, I request a hearing in order to show that I am not responsible for the following violations:

Please specify which regulation

Print Name of Student: _____

Signature of Student: _____

Email Address of Student: _____

Phone # of Student: _____

Date of Signature: _____