



University Hearing Board Student Application Form

Department of Student Conduct and
Community Standards
conduct@uakron.edu
Telephone: (330) 972-6380
Fax: (330) 972-5884
www.uakron.edu/studentconduct

Name: _____ Student ID#: _____

Email Address: _____ Phone #: _____

School Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

College: _____ Major: _____ GPA: _____

Class Rank:

Freshman Sophomore Junior Senior Graduate Doctoral

ESSAY: In one page or less please answer the following prompt. Please describe why you are interested in serving as a student member of the University Hearing Board.

More information about the University Hearing Board can be found on our website at www.uakron.edu/studentconduct.

I hereby acknowledge that the information stated above is accurate and I give permission to the Department of Student Conduct to verify my conduct status and academic progress as a student at The University of Akron. By signing, I acknowledge my commitment to attend mandatory training(s) and serve on a minimum of three hearings per semester (the average hearing is about three hours).

Student Signature: _____ Date: _____

Applications can be dropped off in the Department of Student Conduct & Community Standards Office - Simmons Hall Rm. 302 or emailed to conduct@uakron.edu.

Office Use Only: Received By: _____ Date: _____ Entered By: _____ Date: _____