

# University Hearing Board Student Application Form

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

College: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Sophomore  Junior  Senior  Graduate