

Hearing Acknowledgment & Certification

I am aware of the hearing being held regarding my membership status in Delta Sigma Phi Fraternity.

Affiliated Chapter:

Hearing Date:

Hearing Time:

Hearing Location:

Alleged Charges:

I choose not to attend

I acknowledge that by choosing not to attend the hearing, I will not be afforded the opportunity to present a verbal defense regarding my membership in Delta Sigma Phi Fraternity.

I acknowledge and understand that the hearing board will make a decision regarding my membership in Delta Sigma Phi Fraternity and forward their decision in the form of a recommendation to the Grand Council for final approval.

I choose to attend

I acknowledge that by choosing to attend the hearing, I will be afforded the opportunity to present a verbal defense regarding my membership in Delta Sigma Phi Fraternity.

I acknowledge and understand that I am allowed to present any defense and call witnesses on my behalf at the hearing. In the event a witness cannot attend the hearing, I understand a written statement by the witness may be submitted as part of my defense.

I acknowledge and understand that the hearing board will make a decision regarding my membership in Delta Sigma Phi Fraternity and forward their decision in the form of a recommendation to the Grand Council for final approval.

Signature of Charged Member

Charged Member Name

Signature of Delivered By

Delivered By Name

FORM TO BE USED IN LIEU OF CERTIFIED MAIL SIGNATURE CARD WHEN THE HEARING NOTICE IS DELIVERED BY PERSONAL SERVICE.