
CERTIFICATION OF LICENSED ATTORNEY & NON-ATTORNEY ADVOCATES

Student Last Name	First Name	Middle/Initial
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Student ID # _____ Date of Birth: _____

Print Name of Attorney/Non-Attorney Advocate: _____

Full Address of Contact: _____

Primary Phone Number: _____

I will be representing (student name) _____ during their Student Conduct Hearing (Administrative Hearing/Conduct Hearing Board). I understand that the Student Conduct Process is one founded on education and consequences. The University is focused on communicating with the student because of the nature of the student conduct process, however, the University of North Carolina Pembroke disciplinary procedures do allow for participation from Licensed Attorney's and Non-Attorney Advocates. In order to participate in this process, I understand that I must have read all of the following documents which can be accessed on the University website at www.uncp.edu/handbook or within the UNC Policy Manual:

- ✓ The UNCP Student Rights and Responsibilities
- ✓ The UNCP Student Conduct Disciplinary Process
- ✓ The UNCP Student Code of Conduct
- ✓ Section 700.4.1 of the UNC Policy Manual

By signing below, I am stating that I have thoroughly read and understand the above mentioned documents. If there are parts of the documents above that I do not understand, I acknowledge that I can ask for clarification prior to the Student Conduct Hearing (Administrative Hearing/Conduct Hearing Board) from the Director of Student Conduct who can be reached at 910.521.6851. I understand that this signed document must be submitted and received by the Office of Student Conduct (University Center Annex, Suite 207 or studentconduct@uncp.edu) no later than 72 hours prior to the Student Conduct Hearing (Administrative Hearing/Conduct Hearing Board) date and time.

Signature of Licensed Attorney or Non-Attorney Advocate: _____

Date: _____