MIAMI UNIVERSITY

Office of Community Standards
Student Conduct Process Advisor and/or Support Person Attestation

Student Name: _____

Case Number: _____

Advisor Name: _____

Advisor Email Address: _____

Advisor Type

Please check the appropriate box to indicate advisor type:

☐ Attorney Advisor

☐ Non-Attorney Advisor

Please review and initial each statement:

_____ I have read and understand the Miami University Code of Student Conduct and agree to abide by all applicable procedures and expectations.

_____ I understand that the Office of Community Standards will not provide me with conduct case documentation, records, evidence, investigative materials, or other case-related documents directly. Any information shared with me must be obtained through the student whom I am advising.

_____ I understand that my role is limited to advising and supporting the student. I may not speak for the student, answer questions on the student's behalf, submit statements in place of the student, or otherwise act as the student's representative unless expressly permitted by University policy.

_____ I understand that if I become disruptive, fail to follow the directions of University officials, interfere with the conduct process, or otherwise fail to abide by the Code of Student Conduct or applicable procedures, I may be removed from the meeting, hearing, or other conduct proceeding.

_____ I understand that Miami University's student conduct process is an educational and administrative process, not a criminal or civil court proceeding. Formal rules of evidence and courtroom procedures do not apply, and conduct proceedings will be conducted in accordance with the procedures outlined in the Miami University Code of Student Conduct.

_____ I understand that the standard of evidence used in Miami University's student conduct process is the preponderance of the evidence standard, meaning that a determination is made based on whether it is more likely than not that a violation occurred.

_____ I understand that my participation as an advisor is contingent upon compliance with these expectations.

By signing below, I affirm that I have read, understand, and agree to comply with the expectations outlined above.

Advisor Signature: _____

Date: _____

Printed Name: _____