### ADVISOR CERTIFICATION

<table>
<thead>
<tr>
<th>Name of Student (Last, First, Middle Initial)</th>
<th>Banner ID or DOB</th>
<th>Case #</th>
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#### Role of Advisor

The *Code of Student Conduct* affords the Respondent, and in cases of alleged crime(s) of violence, the Complainant, the right to obtain support, advice, and assistance support individuals, a Student Conduct Advisor, or an Advisor, pursuant to relevant sections in Article VI of the *Code*.

At any point except for a formal resolution involving the Student Conduct Board, as described in Section 6.08 of the *Code*, the student may be represented by one (1) Advisor. An “Advisor” is an attorney or non-attorney individual who may represent the student. The Advisor may fully participate only to the extent and in the same manner afforded to the student(s) they represent, provided that the Advisor may not provide testimony. The Advisor may not, in the sole discretion of the individual facilitating the meeting, delay, disrupt, or otherwise interfere with the proceeding.

#### Advisor Information

Name

#### Certification

Please initial each item. Links to relevant policies are available in the *Code of Student Conduct* ([http://studentconduct.appstate.edu](http://studentconduct.appstate.edu))

- [ ] I have read in its entirety and understand the *Code of Student Conduct*.
- [ ] I have read in its entirety and understand *Appalachian State University Policy 105.3 – Policy Statement on the Family Educational Rights and Privacy Act of 1974, as Amended*.
- [ ] I have read in its entirety and understand *UNC Policy Manual 700.4.1 – Policies on Minimum Substantive and Procedural Standards for Student Disciplinary Proceedings* and associated regulations.
- [ ] I understand that I may fully participate only to the extent and in the same manner afforded to the student whom I am representing, provided that I may not provide testimony.
- [ ] I understand that all written communication will be sent to the student whom I am representing.
- [ ] I understand that if, in the sole discretion of the individual facilitating the meeting, I delay, disrupt, or otherwise interfere with the proceeding, I may be asked to leave.

**Advisor’s Signature** ____________  **Date** ____________

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*Note: The form must be fully completed. Completed forms should be submitted to the Office of Student Conduct via hand-delivery (324 Plemmons Student Union), fax (828-262-4997), e-mail (studentconduct@appstate.edu), or mail (Rm. 324, Plemmons Student Union, P.O. Box 32084, 263 Locust Street, Boone, NC 28608-2084).*