

## **Disciplinary history**

This form is required for applicants who answered "yes" to the school discipline question on the admission application. The applicant must **complete the entire form** in order for the university to proceed with the admissions process. **Your admission will be held for review until the form and statement have been received and the assessment process is completed.** 

Email completed forms and statements **in PDF format** (not JPEG or PNG) to <u>esue-compadm@osu.edu</u> or mail them to Undergraduate Admissions, P.O. Box 182646, Columbus, OH 43218-2646.

Student information						
Full namo						
		Date of birth				
OSU ID (9 digit #)		Date of birtin				
Phone		Email				
School discipline informat	ion					
If you were charged with more than one offense, please list the following information separately for each one.						
Offense or violation with which you were charged						
Date of charge (if still pending)						
Date of decision	Date of decision					
Name of high school	Name of high school					
Type of sanction imposed	☐ Detention	☐ In-school suspension ☐ Out-of-school suspension				
	☐ Expulsion	☐ Other				
Description of sanction (du	ration, additiona	al conditions, when completed, etc.)				
High school administrator						
Name						
Phone number						
Was the record of your c						
was the record of your c						
Personal statement (Requ	ired)					

In a separate statement, please describe: 1) the offense or behavior for which you were suspended or dismissed, 2) the actions which led to the charge or disciplinary action, 3) any rehabilitation efforts you have undertaken, and 4) what you have learned from the experience.

• Please complete the attached "Authorization for release of information" (required).

For office use only

Received:	Admit type:	Campus:
Completed:	Admit term:	Notes:

## Authorization for release of information

I hereby authorize any high school administrator having information about the disposition of any disciplinary or academic charge against me to release all such information to Undergraduate Admissions or Student Conduct at The Ohio State University for the purpose of the evaluation of my eligibility for academic review by the University Community Enrollment Review Committee (UCERC). **Electronic signatures will not be accepted.** 

Name										
Maning dddress	Street name and number	City	State	ZIP						
Signature										
Parent/Guardian signature (if applicant is a minor)										
Date										