Student Life
Department of Residential Life

Defense Witness List Form

Name _____ ***LSU ID#*** _____

I, the accused in the above pending case, wish to call the following as witnesses to testify on my behalf at the forthcoming hearing. In order to call the witness named and identified below, I understand and take responsibility for all of the following:

1. I have made my witness aware that they will be subject to questions and cross-examination during the hearing, and,
2. I am responsible for notifying my witness of the date, time, and place of the hearing; and,
3. Should my witnesses be unable to appear at the set time and place of the hearing, I understand that it is my responsibility to request a postponement of the hearing at least 24 hours before the scheduled hearing time to Policy & Process Coordinator. I must also be able to schedule another time for the hearing to take place at that time, and,
4. I am responsible for the behavior of my witness during the hearing.

_____	_____	_____
Print Name	Print Student I.D. NO.	Witness Signature
_____	_____	_____
Print Name	Print Student I.D. NO.	Witness Signature
_____	_____	_____
Print Name	Print Student I.D. NO.	Witness Signature
_____	_____	_____
Print Name	Print Student I.D. NO.	Witness Signature

Return original form to Student Conduct Office, 110 Highland Hall, LSU Campus