

Hearing Acknowledgment

I am aware of the hearing being held regarding my membership status in Delta Sigma Phi Fraternity.

Affiliated Chapter:

Hearing Date:

Hearing Time:

Hearing Location:

Alleged Charges:

Signature of Charged Member

Signature of Delivered By

Charged Members Name

Delivered By's Name

FORM TO BE USED IN LIEU OF CERTIFIED MAIL SIGNATURE CARD WHEN THE HEARING NOTICE IS DELIVERED BY PERSONAL SERVICE.

