## Criminal History Application Supplement

3.7	T		
Name	Di	NT 1	
SS# E-mail	Pnone	Number	
Address			
Addiess			
submitted regarding	nation (with the exception of references a at one time. Incomplete applications wi this process, please contact the Office of	ll not be revi f Student Cor	ewed. If you have any question duct at 870-972-2834.
	all incidents the committee must considered of paper.)	er. (11 additi	onai space is needed, piease use
Charge/Co	* *	Date	Location
Charge/CC	MY IQUOII	Date	Document
		1	
Are the At (If no, plea Have you State Univ completed (The Com	mittee will not review any application w	tached?   on a separate ent and why of all penaltic without this in	Yes   No piece of paper.)  you would like to attend Arkanses and when they were/will be formation.)
If you hav what date How was i	evant Criminal History Checks attached e had the Criminal History Check sent d was it requested? it requested? mittee will not review any application w	irectly to the	Office of Student Conduct, on
If so, pleas	requested letters of recommendation?  se list who, how you know them, and for tof paper if needed.		
Please sub	omit this form and all attachments to:	The Office	of Student Conduct

P.O. Box 2762

State University, AR 72467 Fax: 870-972-3898