**ACCOUNTABILITY PLAN**

I, __________________, agree to adhere to the following as my accountability plan to the CU community.

- Social Probation  
  - Beginning date: _______  
  - Ending date: ________________
  - Required to live in a residence hall for the following time period: ____________________
  - If under the age of 21, parents will be notified.
  - May not represent the University based on the guidelines for their area of responsibility.
  - Violation may result in dismissal

**Notes:**

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<tr>
<th>Community Service</th>
<th>Number of hours to be served</th>
<th>Completion deadline</th>
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- Community Service  
  - Number of hours to be served: ______
  - Completion deadline: ________________
  - Assignment will be determined and supervised by your Resident Director: ________________________
  - Contact information: ________________________________________________________________

**Notes:**

- Assessment/Counseling in the CU Counseling Center  
  - Contact the director of counseling services at 615.547-1397 no later than: ________________
  - Latest completion date without further disciplinary action: ______________________________
  - Recommendations made as a result of an assessment will be included in the accountability plan.

**Notes:**

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<th>Fine</th>
<th>Amount due</th>
<th>Due date</th>
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- Fine  
  - Amount due: ____________  
  - Due date: _______________

**Notes:**

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<th>Restitution/Reconciliation</th>
<th>Completion date</th>
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- Restitution/Reconciliation  
  - Completion date: ________________________

**Notes:**
Residence Hall restrictions  
Beginning date ____________  
Ending date ____________  
Nature of restriction:  ________________________________________________  
Notes:  _____________________________________________________________

Educational assignment  
Due date ________________  
Nature of the assignment:  ________________________________________________  
Notes:  _____________________________________________________________

Suspension  
Length of suspension ________________  
Notes:  _____________________________________________________________

Dismissal  
Effective date: ________________  
Notes:  _____________________________________________________________

Expulsion  
Effective date: ________________  
Notes:  _____________________________________________________________

Other:  ________________  
Completion date: ________________  
Notes:  _____________________________________________________________

Meet with Dean of Students for follow-up when requested.

I agree to complete all aspects of this Accountability Plan by the dates listed above. Failure to comply with this plan will result in additional disciplinary action, including possible dismissal. I have been informed that if I should choose to appeal this decision I must do so in writing within 3 working days of this date.

_________________________________________________________  
Signature  Date