



CRIMINAL CHARGES SELF-REPORTING FORM

This form must be completed if you answered “YES” to Question #4 on the Personal and Professional Fitness Form.

Name: _____ NUID#: _____
Please print

Complete a separate section for each charge. Document additional charges on reverse side of this form.

Charge #1

Criminal charge: _____

Date of offense: _____ County in which offense occurred: _____

Name of arresting party/agency (Police or Sheriff’s Office): _____

Court of Jurisdiction: _____

Plea and conditions of probation, if any: _____

Details of the incident (you may attach a separate sheet for further explanation): _____

Charge #2

Criminal charge: _____

Date of offense: _____ County in which offense occurred: _____

Name of arresting party/agency (Police or Sheriff’s Office): _____

Court of Jurisdiction: _____

Plea and conditions of probation, if any: _____

Details of the incident (you may attach a separate sheet for further explanation): _____

**Return this form to the CEHHS Office of Academic Advising
Roskens Hall 204.
Court documents related to each charge must be furnished.**

I declare that, including any attachment, the provided information is true and correct. I understand that submitted inaccurate information is cause for denial or removal from an educator preparation program.

Student Signature (do not use pencil) Date