Notice of Emergency Suspension

_____ _____
Name of suspended person UCD address

_____ _____
Home address (local) Home phone number

_____
University affiliation (if any)

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Statement of facts justifying emergency suspension: _____

_____

_____

_____

_____

Nature of suspension: _____

Area of suspension: _____

Duration of suspension: _____

Date of suspension: _____

Time _____ a.m. _____p.m.

_____
Signature of person imposing suspension

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Suspension is:

Affirmed ☐

Revoked ☐

Date _____

Time _____ a.m. _____ p.m.

_____
Chancellor or designee

Note: This suspension may be appealed by contacting the responsible administrator: students, Vice Chancellor--Student Affairs; staff employees, Vice Chancellor—Administrative and Resource Management; academic employees and other persons, Provost & Executive Vice Chancellor. Reference: Policy & Procedure Manual Section 290-07.