**Policy 6.4 - Resolution of Reports Against Students**

***Request to Reschedule Hearing***

**Name[[1]](#footnote-1) of Party Completing Form:**

**Date Submitted**:

*Parties who seeking an extension must use this form and submit it electronically to the Hearing Chair at* *titleix@cornell.edu**.*

*Either party may request to have a hearing rescheduled. Absent extenuating circumstances, requests to reschedule must be submitted at least three (3) business days prior to the hearing. A request to reschedule a hearing must be supported by a compelling reason for the delay. Given the number of individuals involved in a hearing, and the attendant difficulty of scheduling and rescheduling them in a timely manner, it may not be possible to accommodate all scheduling requests.*



|  |  |
| --- | --- |
| **Current Hearing Date/Proposed Hearing Week(s)** |  |
| **Date Notified of Hearing Date/Proposed Hearing Week(s)** |  |
| **Party’s Requested Hearing Date(s)** |  |
| **Compelling Reason for Delay** |  |
| **For Conflicting Obligations:*** **Nature of the Conflict**
* **Date You Learned of the Conflicting Obligation**
* **Contact Information to Confirm Conflict**
 |  |
| **For Course Work or Academic Conflicts:*** **Name of Course(s)**
* **Assignment(s)**
* **Due Date(s)**
* **Contact Information for Instructor(s)**
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Party Signature[[2]](#footnote-2)

1. You may use your initials or indicate “Complainant” or “Respondent.” [↑](#footnote-ref-1)
2. Signature may be electronic. [↑](#footnote-ref-2)