



## **REFERRAL REMOVAL FORM**

**NOTICE:** The following member is being removed from referral, in accordance with Chapter 16 of the ICC Standing Rules.

Member name: \_\_\_\_\_

House name: \_\_\_\_\_

Date: \_\_\_\_\_

---

**You are being removed from referral based on the following category: (check all that apply)**

Non-Payment

Signed by:

(1) House Treasurer

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

(2) Another house officer

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

OR by vote of the house at a house meeting. [Please attach minutes].

Non-Work

Signed by:

(1) Work Manager

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

(2) Another house officer

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

OR by vote of the house at a house meeting. [Please attach minutes].



**Inter-Cooperative Council at the University of Michigan**

337 E William Street, Ann Arbor, MI 48104

Office: 734-662-4414 | Fax: 734-662-5870

Generally Uncooperative Behavior

Option 1: By a vote of the house at the referral hearing. [Please attach minutes].

Option 2: By a petition signed by a simple majority of house members, or 20 house members, whichever is lower. [Please attach the petition].

Option 3: By a vote of a member resolution panel [Please attach minutes].

Signed by:

(1) House President

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

(2) Another house officer

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

For actions which jeopardize the interests of the ICC or its members—as determined by vote of the house or Member Panel

Signed by:

House President or Facilitator

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

As a result of an expulsion hearing

Signed by:

House President or Facilitator

Printed name: \_\_\_\_\_

\_\_\_\_\_ (date)

Signature: \_\_\_\_\_

**Specific reasons for removal from referral [refer to “actions required for removal from referral” on the member’s Referral Form]:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[If you require more room for the grounds attach a separate sheet]



**Inter-Cooperative Council at the University of Michigan**

337 E William Street, Ann Arbor, MI 48104

Office: 734-662-4414 | Fax: 734-662-5870

---

A member will be removed from referral only if the Referral Removal Form indicates the same category that is on the Referral Form.

---

**NOTE:** One copy of this sheet should be given to the accused individual, one should be posted in the house, one should be kept by the house, and one should be given to the ICC office.

---

**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_(initials) \_\_\_\_\_ (date)