STUDENT’S INFORMATION

Last Name: ___________________________________________ First Name: ___________________________ MI: ______

Classification: □ FR □ SO □ JR □ SR □ Not Sure Student ID#: _____________________________

Semester: ___________________________ Title of Course: ____________________________________________

Course ID & Section#: ___________________________ Days Class Meets: __________ Time Class Meets: __________

Please check the appropriate boxes below to indicate the factor(s) which you feel contribute to the problem(s) that the student is experiencing and provide detailed information in the Comments field.

□ Excessive absences □ Consistently tardy □ Disruptive attitude/behavior
□ Quality of written work □ Low test/quiz scores □ Lack of class participation
□ Personal problems □ Incomplete/missing assignments □ Other

Comments: ____________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

FACULTY INFORMATION

Last Name: ___________________________________________ First Name: ___________________________

Department: ___________________________ Ext: ____________ Fax: ___________________________

Email Address: ___________________________

Have you spoken with the student regarding his/her performance? □ Yes □ No Results: __________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Faculty Signature: ___________________________ Date: ___________________________

FOR OFFICE USE ONLY

Date Received: ___________________________ Staff Assigned To: ___________________________

Student Contact Attempt Date(s): 1) ___________________________ 2) ___________________________ 3) ___________________________

Date Student Reported To Office: ___________________________ Actions Taken or Referrals Made Below:

□ Referred to Counseling Services/Women’s Center □ Referred to Learning Resource Center
□ Referred to EMAP Program □ Referred to Dean of Students □ Referred to Departmental Tutoring
□ Other: _______________________________________________________________________________

Follow-up Provided to Faculty: □ Yes □ No Type: ___________________________ Date: __________

Additional Comments: ___________________________________________________________________

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