



Academic Alert

(Submit to Student Services Office)

Instructor Information

Date: _____

<input type="checkbox"/> 1 st Referral	<input type="checkbox"/> 2 nd Referral
Referral Reason: <input type="checkbox"/> Absences <input type="checkbox"/> Grades <input type="checkbox"/> Tutoring Need <input type="checkbox"/> Students Services Support Plan	

Student: _____	Instructor: _____
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Student's Grades and Dates of Absence:

Course #	Grade	Dates of Absence	Last Date of Attendance

Student Services' Contact Information

(To be completed by Student Services)

Student Information:

ID#: _____ Telephone #: _____ E-mail: _____

Address: _____

<u>Method of Contact:</u>	<u>Date:</u>	<u>Time and Results:</u>
Telephone 1st Attempt:	_____	1) _____ <input type="checkbox"/> Spoke w/student (over)
2 nd Attempt:	_____	2) _____ <input type="checkbox"/> Spoke w/student (over)
In-Person:	_____	<input type="checkbox"/> Information on Back
E-mail:	_____	<input type="checkbox"/> Copy Attached
U.S. mail:	_____	<input type="checkbox"/> Copy Attached
Withdrawal Letter:	_____	<input type="checkbox"/> Copy Attached

(Comments on other side)

Student Response:

Instructor Comments:

Student Services Comments:
