



EARLY ALERT REFERRAL FOR INDIVIDUAL STUDENT

Faculty use only

Revised 0209

* Required fields. Other fields are optional.

STUDENT'S INFORMATION

* Last name _____ * First name _____ Middle name _____

Classification FR SO JR SR Not sure Banner ID _____ E-mail _____ Phone _____

Student-athlete Yes Team _____ Advisor _____ Coach _____

Current address On campus Residence hall Belk North Oak Pine Wellons West
 Off campus Address _____

Permanent address _____ Phone _____

COURSE INFORMATION

* Course # _____ * Section # _____ * Your name _____

* Phone _____ * E-mail _____ * Date _____

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. Information about specific attendance policies is helpful.

- Class attendance
- Test performance
- Class participation
- Completion of assignments
- Quality of written work
- Quality of oral work
- Content difficulty
- Attitude
- Lack of purpose/motivation
- Personal problems
- Social interaction problems
- Other

Comments

Has the student contacted you concerning his/her performance in class? Yes No

Would you recommend tutorial assistance for this student? Yes No If yes, please specify the area. Content Writing Reading/Study skills

Comments

Would you like a follow-up report from us? Yes No

If you have any questions, please contact the Center for Academic Excellence at 521-6625.

CLICK SUBMIT TO SEND THE EARLY ALERT VIA E-MAIL.

OFFICE USE ONLY

Action taken: Call Date _____ Student Permanent address Coach By _____
Note _____

E-mail Date _____ Student Permanent address Coach By _____
Note _____

Mail Date _____ Student Permanent address Coach RA By _____
Note _____

Report made to the instructor: Date _____ Call E-mail Mail By _____

Note:

Student contacted. Yes No Date _____



ADVISORS

PROCESS COMPLETED