ACADEMIC REFERRAL

Student:……………………………………… Student I.D………………
Course No:……………………………………. Term:……………………

PLEASE CHECK REASON(S) FOR REFERRAL AND PROVIDE EXPLANATIONS AS
APPROPRIATE.

☐ Does not participate in class work
☐ Has excessive absences (note number or frequency below)
☐ Appears to lack adequate course background (Explain below)
☐ Cannot pass tests (Note type of tests given below, e.g. objective or
   essay)
☐ Needs tutorial assistance (Elaborate below)
☐ Appears to be overloaded
☐ Appears to have health problems (Elaborate below)
☐ Appears to have adjustment problems (Elaborate below)
☐ Does not submit assignments on time
☐ Is guilty of cheating or plagiarism (Elaborate below)
☐ Has generally weak study skills (Elaborate below)

CLASSROOM DISRUPTION
☐ Student is disruptive in the classroom (Elaborate below)

APPEARS TO HAVE DIFFICULTY WITH:

☐ Reading assignments
☐ Oral expression
☐ Listening skills
☐ Written assignments (please attach sample of student’s work)

Comments:

Referred by: Date:

Please return this form to the Academic Office