

ACADEMIC REFERRAL

Student:..... Student I.D.....

Course No:..... Term:.....

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

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

CLASSROOM DISRUPTION

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Student is disruptive in the classroom (Elaborate below) |
|--------------------------|--|

APPEARS TO HAVE DIFFICULTY WITH:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Reading assignments |
| <input type="checkbox"/> | Oral expression |
| <input type="checkbox"/> | Listening skills |
| <input type="checkbox"/> | Written assignments (please attach sample of student's work) |

Comments:

Referred by:

Date:

Please return this form to the Academic Office