## Student Referral Form

### Student Information

<table>
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<tr>
<th><strong>STUDENT NAME</strong></th>
<th><strong>DATE</strong></th>
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<tr>
<th><strong>EMAIL ADDRESS</strong></th>
<th><strong>CELL PHONE NUMBER</strong></th>
<th><strong>MAJOR</strong></th>
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<tr>
<th><strong>COURSE NAME/NO.</strong></th>
<th><strong>REFERRAL FACULTY/ADVISOR/STAFF</strong></th>
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#### Reason(s) for Academic Referral:
- [ ] Poor Attendance/Tardiness
- [ ] Difficulties Managing Stress
- [ ] Inappropriate/Disruptive Behavior in Classroom
- [ ] Unprofessional or Unsatisfactory Clinical Performance
- [ ] Cheating/Integrity Issues
- [ ] Improve Study Skills/Test Taking/Time Management
- [ ] Academic Support
- [ ] Academic Misconduct
- [ ] Student Code of Conduct Violation
- [ ] Tutoring

#### Reason(s) for Personal Referral:
- [ ] Issues with Family Member
- [ ] Alcohol or Drug Use Concerns
- [ ] Depression/Suicide
- [ ] Well Being Concern
- [ ] Harassment
- [ ] Sexual Harassment/Misconduct
- [ ] Public Safety
- [ ] Physical Abuse
- [ ] Disruptive Behavior
- [ ] Threatening Behavior
- [ ] Other ___________________

**Level of Urgency:** [ ] Low  [ ] Medium  [ ] High

**Description of Situation (please be as descriptive as possible):**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**Recommendation:**
- [ ] Success Center-Academic Support
- [ ] Success Center-Counseling (Confidential)
- [ ] Success Center-Tutoring
- [ ] Meet with Academic Advisor
- [ ] Meet with Dean or Director
- [ ] Behavioral Intervention Team (BIT) Review

**Follow Up (to be completed by the individual or department referred to):**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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