

**Academic Support Services
Referral Form**

Advisor____ Student Files____ Instructor____
Financial Aid____ Student____

Date: _____

Student: _____ Student ID #: CO

Referred By: _____ Ext: _____ E-mail: _____

Course Name, Number and Section No.: _____

Student is referred for the following reasons(s):

Student has missed: classes out of classes. Last date of attendance _____

Student comes late and/or leaves early.

Student's grade is below a "C" and is in danger of failing the course: Current Grade: _____

Student not submitting: Homework Assignments Papers, etc.

Other Comments: _____

May student be given a copy of this referral?

Yes No

Student has been contacted by instructor?

Yes No

Student has contacted instructor?

Yes No

Faculty Recommendation:

Student needs to:

Contact instructor

Contact Director of Academic Support Services

Contact Student Success Center for tutoring options

***** Please note that referral forms may be delivered by e-mail, mailbox, or in person. Please be sure to indicate the reason for referral. It is recommended that you keep a copy of all submitted referral forms for your records.

***** If referring multiple students for the same reason, **please attach a list** of the students, with the CO number, being referred and submit only one referral form.

***** Please return to Margaret Seifert (mseifert@ivytech.edu)

Resource/Follow Up/Notes
