

Student Support Services Student Referral

Student Name: _____

Student I.D. #: _____

Date: _____

Instructor: _____

Class: _____

Reason for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Midterm Grade | <input type="checkbox"/> Poor Study Skills |
| <input type="checkbox"/> Poor Attendance | <input type="checkbox"/> Academically Unprepared for Course |
| <input type="checkbox"/> Missing Assignments | <input type="checkbox"/> Personal Concerns |
| <input type="checkbox"/> Lack of Participation | <input type="checkbox"/> Missed or Failed Major Assignments |

Comments:

Please return referral slip to **Lee Ann George**, SSS Retention Specialist, H2129, 618-634-3226.

Thank you so much for your all of your help!