

Academic Alert Referral Form

*denotes required information

* Student Name

* Student ID#

* Course

* Referral From

Instructor Email

Instructor Phone

Please Check Areas of Need

- Understanding course content/Help with specific aspects of assignments
- Study Skills/Time Management/Organization
- Attendance/Turning in assignments
- Grades
- Writing/Reading skills
- Research skills/Citations/Understanding plagiarism
- Utilizing technology: LMS/College email/MML
- Concerns/Self-advocacy
- Life circumstances interfering with academics

REFERRAL TO (OPTIONAL):

- Disability services
- ESOL/ELL
- Assistance withdrawing from course if no longer able to pass

OTHER NEEDS OR CONCERNS (OPTIONAL):

WILL YOU ACCEPT LATE WORK FROM THE STUDENT? Y N WITH PENALTY N/A

CURRENTLY PASSING THE COURSE? Y N NOT SURE N/A

WHAT DO YOU HOPE THE STUDENT WILL GET OUT OF ACADEMIC COACHING?

Please notify the student you have made this referral—they are more likely to schedule a meeting.

Student was notified of this referral on: _____ (Date)

Signature of Instructor/Advisor: _____ Date: _____

***Please deliver this form to the front desk in CAPS or to the CAPS mailbox on the first floor**

Information about this referral may be shared with the student's instructors, advisors, and/or the GBCC Retention Team in an effort to assist the student in getting connected with appropriate services.