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.

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