

Academic Success

Referral Form

Use this form to refer a student who may benefit from additional academic support, outreach, or university resources. Please provide specific, objective information to help identify the concern and determine appropriate next steps.

This form is not intended for emergencies. For immediate safety or well-being concerns, follow the university's emergency or student-concern reporting procedures.

REFERRER INFORMATION

Referrer Name *

Date *

Select your role *

- ☐ Student (self-referral) ☐ Faculty advisor ☐ Faculty non-advisor
☐ Academic affairs ☐ Staff member

STUDENT INFORMATION

Student Full Name *

Student Email *

Course or setting related to this referral, if applicable *

ACADEMIC CONCERNS / BARRIERS — CHECK ALL THAT APPLY

What academic concerns or barriers have you identified? *

- ☐ Time Management & Organization ☐ Work, Family & Outside Commitments
☐ Study Skills & Learning Strategies ☐ Attendance & Engagement
☐ Course Content & Academic Difficulty ☐ Personal or Wellness Challenges

☐ Other:

Additional details (optional):

STUDENT NOTIFICATION

Has the student been informed of the referral for academic support? *

- ☐ Yes ☐ No