



Academic Alert Form

Office of Academic Affairs
9700 West Taron Drive
Elk Grove, CA 95757

Semester (Check one) Fall 20____ Spring 20____

Student Name: _____
Last First Middle

Student ID#: _____ Class of: _____ Course: _____

Course Coordinator: _____

Other Course Faculty: _____

Course Coordinator Referral for Academic Supported (completed by Course Coordinator)

Reason for Academic Alert:

- 1) Exam grade = _____
- 2) Midterm exam grade = _____
- 3) Other. Briefly describe below:

Plan for Receiving Academic Support (completed by Course Coordinator)

- Review sessions with instructor and/or course coordinator
- Review sessions with student tutor (the course coordinator has the choice to either select a tutor or ask the Associate Dean for Student Affairs to select a tutor)
- Study Group
- Counseling/stress management/time utilization
- Other. Briefly describe below:

- Student did not respond to request to meet with course coordinator within 5 days of the request being made

Student Signature: _____ Date: _____

Course Coordinator: _____ Date: _____

NOTE: THE COMPLETED FORM MUST BE GIVEN TO THE REGISTRAR FOR RECORD KEEPING. THE REGISTRAR WILL NOTIFY THE ASSOCIATE DEAN FOR ACADEMIC AFFAIRS AND THE STUDENT'S ADVISOR.