



EARLY ALERT NOTIFICATION

STUDENT NAME:		SUSLA ID:	9000	_ DATE:
STUDENT ADDRESS:				
STUDENT EMAIL ADDRESS:		_ TELEPHONE	#:	
	(D)	11.414		
REASON FOR REFERRAL				
Course Name:	Course Section	1:	Instructor	<u> </u>
Never Attended Class Excessive Absences				
Poor Performance				
Other: Please describe be				
Other. Trease describe b	GIOW.			
	PLAN OF	ACTION		
4 INSTRUCTOR CONTACT TV	DE. Otalanhana	□ Email	Letter	Office Visit
1. INSTRUCTOR CONTACT TY	PE: Telephone	Email		☐ Office visit
Action taken from Contact (date $\&$	time):			
2. DIVISON CHAIR CONTACT T	YPE: Email	Letter	Office V	isit
		ш	ш : ::	
Action taken from Contact (date &	time):			
Action taken from Contact (date &	time):			
Upon completion of Division Cha	nir Contact, please fo			
	nir Contact, please fo			
Upon completion of Division Cha	nir Contact, please fo			
Upon completion of Division Cha	nir Contact, please fo	, 2016 (2nd R	eporting Date)	
Upon completion of Division Cha February 15, 2016 (1st Reporting	nir Contact, <i>please fo</i> g Date) and March 15 OFFICE OF STU	, 2016 (2nd R	eporting Date)	
Upon completion of Division Charen February 15, 2016 (1st Reporting RETENTION OFFICER CONTINUED IN 1997)	nir Contact, please for g Date) and March 15 OFFICE OF STU	DENT RETENTIO	eporting Date)	
Upon completion of Division Cha February 15, 2016 (1st Reporting	nir Contact, <i>please fo</i> g Date) and March 15 OFFICE OF STU	, 2016 (2nd R	eporting Date)	
Upon completion of Division Charen February 15, 2016 (1st Reporting RETENTION OFFICER CONTENT Email	nir Contact, please for g Date) and March 15 OFFICE OF STU	DENT RETENTIO	eporting Date)	
Upon completion of Division Charen February 15, 2016 (1st Reporting RETENTION OFFICER CON Email Envention Strategy: Referred to	orr Contact, please for g Date) and March 15 OFFICE OF STUR TACT TYPE: Letter University Counselors	DENT RETENTION Office Visit	eporting Date)	
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