



EARLY ALERT NOTIFICATION

STUDENT NAME: _____ SUSLA ID: 9000 DATE: _____
 STUDENT ADDRESS: _____
 STUDENT EMAIL ADDRESS: _____ TELEPHONE #: _____

REASON FOR REFERRAL: (Please check all that apply)

Course Name:	Course Section:	Instructor:
<input type="checkbox"/>	Never Attended Classes	
<input type="checkbox"/>	Excessive Absences	
<input type="checkbox"/>	Poor Performance	
Other: Please describe below:		

PLAN OF ACTION

1. INSTRUCTOR CONTACT TYPE: Telephone Email Letter Office Visit

Action taken from Contact (date & time):

2. DIVISION CHAIR CONTACT TYPE: Email Letter Office Visit

Action taken from Contact (date & time):

Upon completion of Division Chair Contact, *please forward to the Office of Student Retention by February 15, 2016 (1st Reporting Date) and March 15, 2016 (2nd Reporting Date).*

OFFICE OF STUDENT RETENTION

3. RETENTION OFFICER CONTACT TYPE:

Email Letter Office Visit

Intervention Strategy: Referred to University Counselors Referred to Tutor Advised to Drop Class

Action taken from Contact (date & time):

End of Semester Review:

Student Passed Course Student Failed Course Student Dropped Course Student Withdrew from University