

Early Warning Submission Sheet

Name of Person Submitting Form _____

Department _____ Extension # _____

Name of Student _____ Student ID # _____

I interact with this student in the following way:

in the classroom in a co-curricular organization/activity

in the residence halls in an athletic program

other If so, please specify _____

The student is exhibiting the following characteristics:

excessive absences or poor attendance seems to be uncomfortable in their surroundings

inappropriate classroom behavior disregard for authority

student is having trouble adjusting disconnect from student life/activities

disconnect from academic life other If so, please specify _____

Please list any additional comments or information that might help the Office of New Student Programs & C.A.R.E. when completing an assessment for this student below:
