



**CENTER FOR FIRST-YEAR EXPERIENCE & ACADEMIC ADVISING
(CFYEAA)**

Atlanta Metropolitan State College

EARLY ALERT REFERRAL FORM

Your assistance is needed to help facilitate the success, retention, academic progress and timely graduation of Atlanta Metropolitan State College's students. Please provide the following information about the student(s) in your classes who may be failing at this time or experiencing other issues that may be affecting his/her academic success. **Although we would like to intervene before the Midterm Assessment Period, feel free to use this form anytime during the semester, as you deem necessary.** Please return this completed form to CFYEAA via email at academicadvising@atlm.edu. This information is confidential and will be used by the CFYEAA to assist the student. Submit this form by clicking "Submit by Email," hand delivery, or as an email attachment. Thank you for your assistance.

Professor's Name: _____ **Course CRN:** _____

Course Title: _____ **Semester:** _____

Student's Name: _____ **AMSC ID:** _____

Student's Phone Number: _____ **Student's Email:** _____

Check appropriate area(s) of concern:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Learning Support | <input type="checkbox"/> Time Management | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Health Issues | <input type="checkbox"/> Reading Skills | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Tutorial | <input type="checkbox"/> Classroom Decorum | <input type="checkbox"/> Computational Skills | <input type="checkbox"/> Textbooks |
| <input type="checkbox"/> Late Assignments or Missing Assignments | | <input type="checkbox"/> Poor Exam or Quiz Scores | <input type="checkbox"/> Note Taking Skills |

Other (Explain):

Actions performed by Professor:

BELOW THIS LINE TO BE COMPLETED BY THE CENTER FOR ACADEMIC ADVISING

OUTREACH

Contacts: Phone _____	Date _____	Referral: Counseling Center _____	Date _____
Email _____	Date _____	Academic Support Center _____	Date _____
In Person _____	Date _____	Other: _____	Date _____
Letter _____	Date _____		

FINAL DISPOSITION

- | | | |
|---|---|--|
| <input type="checkbox"/> Student completed course
Grade: _____ | <input type="checkbox"/> Student withdrew from course | <input type="checkbox"/> Student never made
contact |
|---|---|--|