

The purpose of this form is for a faculty member to refer a student to the Student Success Center that has been struggling during their class and feel as though the student may need intervention services. Please note that the student must provide consent to the Student Success Advisor in order to share feedback from the meeting.

STUDENT NAME:	HUID:
STUDENT EMAIL ADDRESS:	CLASS:
REFFERING FACULTY MEMBER:	
FACULTY EMAIL ADDRESS:	

**CONCERNS:** Please indicate the concerns or problem areas of the student below, check all that apply

Excessive absence	Missing	Having trouble	Other:
	assignments	staying focused in	
		class	
Lateness	Missing exams/	Not displaying	Other:
	quizzes	proper class	
		conduct	
Unprepared for	Failing grades on	Other:	
class	assignments, tests		
	or quizzes		
Not engaging in	Needs tutoring		
class discussion			

Have you (faculty) met with the student before?

\_\_YES \_\_NO

Additional Information:

Please return completed form via email to the Student Success Advisor assigned to the school corresponding to the student's major:

School of Liberal Arts & Education Last Names T-Z/School of	School of Business/ School of Liberal Arts & Education
Journalism and Communications/ Undecided:	Last Names N-S:
Miisha.clemons@hamptonu.edu	seif.hicks@hamptonu.edu
School of Science & School of Liberal Arts & Education Last	School of Science Last Names N-Z/ School of
Names A-M:	Nursing/School of Pre-Pharmacy Last Names A-M:
sarah.whitfield@hamptonu.edu	joe.king@hamptonu.edu
School of Engineering and Technology/School of Pre-	
Pharmacy Last Names N-Z:	
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