EARLY ALERT REFERRAL FORM

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

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 A-M), School of Journalism and Communications: janae.lyles@hamptonu.edu	School of Liberal Arts & Education (Last Names N-Z), School of Nursing, School of Engineering, Architecture, and Aviation: stella.nelms@hamptonu.edu
School of Pharmacy: patra.johnson@hamptonu.edu	School of Business: tracey.dixon@hamptonu.edu
School of Science, Undecided: joe.king@hamptonu.edu	
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