Office of Academic Services  
Early Warning System Referral Form

Name of Student: ________________________________________________

Referring Party (please state relationship to student): ____________________________

Is it ok to identify you as the referrer in conversations with this student?  □ Yes  □ No

Have you approached the student regarding this issue? ____________________________

If no, please explain: _________________________________________________________

Course Number/Title: ________________________________________________________

Percentage of course work completed at this time: _________%

This student appears to be experiencing difficulties in the following areas:

□ Not attending class/work  □ Low test or quiz scores
□ Excessive lateness  □ Poor midterm grades
□ Excessive absences  □ Exhibits poor attitude and/or disruptive behavior in class
□ Doing poorly on assignments  □ Sleeping in class
□ Not completing assignments  □ Excessive excuses for uncompleted tasks
□ Lacks essential skills ____________________________
□ _reading  _writing  _mathematics
□ Lack of engagement in classroom or other activities  □ Suspected substance abuse
□ Frequent illness  □ Traumatic experience
□ Homesick  □ Death of family member or friend
□ Socially awkward  □ Anger management difficulties
□ Poor personal hygiene  □ Disrespectful behavior toward faculty/staff
□ Perceived emotional problems (e.g. lethargic, depressed)  □ Physically/verbally threatening behavior
□ Disclosure of financial problems  □ Sudden change in appearance

□ Delay or failure to register for classes  □ Legal issues
□ Failure to obtain ARN in timely manner  □ Parent/Guardian contact
□ Roommate/housing issues  □ Student discusses leaving Gonzaga

Comments: ________________________________________________________________

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More room for comments on reverse.

Thank you for your assistance.

Please return this form to the Office of Academic Services, AD Box 27, drop off in CG 326, or call our office with the information 509-313-4072.
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Comments continued: _______________________________________________________
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