



STUDENT REFERRAL FORM

Referral Date: _____

Your assistance is needed to help facilitate the success, retention, academic progress and timely graduation of Albany Technical 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, feel free to use this form anytime during the semester, as you deem necessary.** Please return this completed form via email to STARS@albanytech.edu This information is confidential and will be used by the STARS Team to assist the student. To submit this form as an email attachment, click "Submit" at the top right hand corner. This form can also be "hand-delivered." Thank you for your assistance.

Student's Name: _____ Student ID: _____

Course Title: _____ Course CRN: _____

Program: _____ Email: _____@student.albanytech.edu

Referred By: _____ Semester: _____

Check appropriate area(s) of concern:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Attendance | <input type="checkbox"/> Tutorial Services |
| <input type="checkbox"/> Possible Disability | <input type="checkbox"/> Personal | <input type="checkbox"/> Other (explain): _____ |

Explain the situation and suggest how we can help

This section is to be completed by a STARS Counselor.

Contact

- | | | | |
|--------------------------------|-------------|------------------------------------|-------------|
| <input type="checkbox"/> Phone | Date: _____ | <input type="checkbox"/> In Person | Date: _____ |
| <input type="checkbox"/> Email | Date: _____ | <input type="checkbox"/> Letter | Date: _____ |

Referral

- | | | |
|--|---------------------------------------|-------------|
| <input type="checkbox"/> Academic Achievement Center | <input type="checkbox"/> Other: _____ | Date: _____ |
|--|---------------------------------------|-------------|

Final Disposition

- | | |
|---|--------------|
| <input type="checkbox"/> Student Completed Course | Grade: _____ |
| <input type="checkbox"/> Student Withdrew From Course | |
| <input type="checkbox"/> Student Never Made Contact | |