

West Virginia State University
Collegiate Support and Counseling Services

FACULTY RETENTION REFERRAL FORM

Student's Name Student ID (if known)

Class / Section

Referred by Contact Info

- | | |
|--|---|
| <input type="radio"/> not attending class | <input type="radio"/> inadequate study skills |
| <input type="radio"/> sporadic attendance | <input type="radio"/> doing poorly on assignments / exams |
| <input type="radio"/> not completing assignments | <input type="radio"/> other (please specify below) |

Comments or Remarks

Please print this form and return it to Kellie Toledo in room 125 of Sullivan Hall, East.

Call 766-3262 with any questions.

Collegiate Support and Counseling Services Use Only

Date/Time

Caller Assigned

Status Report

Counselor Signature

Date/Time