

STUDENT SUPPORT SERVICES

COUNSELING REFERRAL SERVICES

[RETURN ONLY IF STUDENT IS EXPERIENCING DIFFICULTY]

STUDENT _____

Student ID # _____ Curriculum _____

Cell Number _____ E-mail Address(es) _____

Date _____ Term: Fall Spring Summer

Course & Section # _____ Instructor _____

Advisor's Name _____

Type of Referral/Need: Academic Attendance Personal/Social

Other (specify) _____

Referred By _____

Instructor Comments:

INSTRUCTOR'S SIGNATURE _____

Please either return this form to Sandra Copeland in Room 114 in the New Student Center or email it to sandrac@roanokechowan.edu.

FOR OFFICE USE ONLY

FOLLOW-UP FOR SSS COUNSELOR

Date_ _____

STUDENT CONTACTED BY Phone Note on Classroom Door Mail
 In Person Email

STUDENT RESPONSE

- _____
- _____
- _____
- _____
- _____
- _____

ACTION TAKEN

Date _ _____

Follow-up: Instructor SSS Tutor Coordinator Student Services Counselor