UNIVERSITY OF ARKANSAS AT PINE BLUFF
ACADEMIC EARLY WARNING REPORT

Semester _____

TO _____ DATE _____
(Departmental Chairperson)

Student's Name _____ Course _____

ID Number _____ Instructor _____

The above named student is not performing up to expected standard for the following reason(s):

_____ Student is not attending class. (No. of absences) _____

_____ Student is not completing assignments.

_____ Student turns in substandard work.

_____ Student is disruptive in class.

_____ Other (Specify): _____

I recommend that this student:

_____ Drop the class

_____ Attend tutoring or supplemental instruction (specify): _____

_____ Other (please specify) _____

_____
Signature of Instructor *Date*

*This is to verfiy that I have received a copy of this form.

_____
**Signature of Student* *Date*

To be completed by advisor (copy returned to faculty & copy retained in student's file):

Conference Date: _____

Action Taken: _____

_____

_____
Signature of Advisor

AA Form 7
4 Copies: Instructor, Advisor, Department Chair, Student, CTLA

Revised: 08/04

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If student is not available to sign, the instructor may forward the form without the student's signature.