

REFERRAL OF DISRUPTIVE/POTENTIALLY DANGEROUS STUDENT
(Referral Should Be Made first to the Dean of Student Life and Judicial Affairs S-
215 ext: 4475)

****** IF YOU FEEL THAT YOU OR YOUR STUDENTS ARE IN IMMEDIATE
DANGER, CONTACT CAMPUS SECURITY AT Ext. 4467******

Student's Name: _____

ID Number: _____

Telephone Number: _____

What behaviors have the student exhibited that concern you?

Have the behaviors interfered with the teaching environment? If so, how?

Please attach any relevant information

Have you informed the student of counseling services available?

**If you feel that this is a counseling emergency, please contact Career Planning and
Counseling at Ext. 4421 or Director at Ext. 2538**

Signature of Referring faculty/staff member _____

Telephone Number _____

Signature of Department Head/ Dean _____

Telephone Number _____

Date : _____

Copy will be sent to the Counseling Center if follow-up is necessary.

Disposition and Follow-up (For Office Use only)

Signature of Counselor _____ **Date :** _____

Signature of Director, CPCC _____ **Date:** _____