

Instructor Action Form

Student Name: _____ Student Number: _____

Course #: _____ Course Title: _____ Track: _____

Class Status (points/possible): _____ Last Day of Attendance: _____

Instructor: _____ Page #: _____

Nature of Challenge (Mark all that apply):

Absences # _____	Student Needs LOA	Early Proctoring of Exam
No Show	Student Needs ADA	Medical
Not on Roster	Student Request DROP	Transportation
Plagiarism	Scheduling Issue	Policy Violation
Failing Course	Student Requires Tutoring	Classroom Incident
		Other (Comment)

Comments:

Instructor Action Taken (Mark all that apply):

Counseled Student	Date: _____
Emailed Student	Date: _____
Notes in Cafe	Date: _____

Dean Action

Interviewed Student	Date: _____
Notes in Cafe	Date: _____

Dean Recommendation (Mark all that apply-If *Drop* or *Suspend*, note withdraw, pass or fail):

Resolved, no further action recommended		
DOA Counseling	Drop	See Student Services
VP Counseling	Suspend	Other (Comment)

Comments:

Approve Deny

Instructor:	Date:	Comments:
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College Dean:	Date:	Comments:
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Dean of Academics:	Date:	Comments:
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Student Services:	Date:	Comments:
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