



# REFERRAL FOR STUDENT SERVICES

GW-CROSS ENROLLED

**STUDENT:** \_\_\_\_\_  
LAST NAME FIRST M.I. GRADE

**REFERRED BY:** \_\_\_\_\_ / \_\_\_\_\_  
CLASS(S) / PERIOD(S) ID / TIME(S)

**DATE OF REFERRAL:** \_\_\_\_\_ **TIME OF REFERRAL:** \_\_\_\_\_

## REASON FOR REFERRAL:

- |                                                            |                                                                 |
|------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Three or More Unexcused Tardiness | <input type="checkbox"/> Arson                                  |
| <input type="checkbox"/> Excessive Absenteeism             | <input type="checkbox"/> Bomb Threats                           |
| <input type="checkbox"/> Observed Off Campus w/out Pass    | <input type="checkbox"/> Possession of Alcoholic Beverages      |
| <input type="checkbox"/> Skipping Class(s)                 | <input type="checkbox"/> Possession of Controlled Substances    |
| <input type="checkbox"/> Harassment                        | <input type="checkbox"/> Suspected of Being Under the Influence |
| <input type="checkbox"/> Disorderly Conduct                | <input type="checkbox"/> Not Wearing ID Card                    |
| <input type="checkbox"/> Insubordination                   | <input type="checkbox"/> Use of Obscene Language                |
| <input type="checkbox"/> Academic Dishonesty               | <input type="checkbox"/> Being in Off-Limits Areas              |
| <input type="checkbox"/> Smoking                           | <input type="checkbox"/> Socializing                            |
| <input type="checkbox"/> Gambling                          | <input type="checkbox"/> Littering                              |
| <input type="checkbox"/> Destruction of Property           | <input type="checkbox"/> Assistance for Personal Situations     |
| <input type="checkbox"/> Assault                           | <input type="checkbox"/> Other (specify) _____                  |
| <input type="checkbox"/> Possession of Weapon(s)           |                                                                 |

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OFFICE USE:

**INTERVIEW DATE:** \_\_\_\_\_ **PARTICIPANTS:** \_\_\_\_\_

**DISCUSSION:** \_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_  
\_\_\_\_\_

**SUSPENDED DATE:** \_\_\_\_\_ to \_\_\_\_\_ / **EXPELLED DATE:** \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
R. GARY HARTZ  
ASSOCIATE DEAN