



Student Referral to Retention Specialist

Pecan Campus

Mid-Valley Campus

Starr Campus

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Student Name:	Student ID :
Phone # :	Major:
Comments:	

Referred By (Instructor): _____

Date: _____

Course: _____

Phone #: _____

DO NOT WRITE BELOW THIS SPACE		
Semester:	Cumulative GPA:	THEA/ACCU STATUS:
		M: W: R:
Actions:		Plans to pursue:
<input type="checkbox"/> L/M <input type="checkbox"/> No Ans. <input type="checkbox"/> Desc. <input type="checkbox"/> Ltr. Sent <input type="checkbox"/> Contact		<input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS <input type="checkbox"/> Cert.
Notes:		