**Office of Academic and Student Success | Student Information Form**

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| **Student Name:** |  |
| **Student Number:** |  |
| **Program:** |  |
| **Academic Standing Status:** |  |
| **Cumulative Average:** |  |
| **Major Average:** |  |
| **Advisor:** |  |
| **Date:** |  |

**Student’s Academic Concern(s):**

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**Personal Notes:**

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**Factors**

**The following factor(s) contributed to the student’s academic performance:**

* [ ]  Abuse (Physical, Psychology or Sexual)
* [ ]  Addictions
* [ ]  Career Confusion
* [ ]  Diagnosed Disability
* [ ]  Family Issues
* [ ]  Financial Concerns
* [ ]  Ineffective Studying Routines
* [ ]  Mental Health Concerns
* [ ]  Physical Health Concerns
* [ ]  Poor Time Management
* [ ]  Relationship Issues
* [ ]  Suicide
* [ ]  Sexual Assault
* [ ]  Sexual Harassment
* [ ]  Transition Concerns
* [ ]  Undiagnosed Disability
* [ ]  Work Commitments
* [ ]  Wrong Program Choice
* [ ]  Others:

**Referrals**

* [ ]  Assessment and Care Team (ACT)
* [ ]  Career Development and Experiential Learning
* [ ]  Departmental Academic Advisor
* [ ]  International Student Centre
* [ ]  Office of the Associate Dean, Academic and Student Success
* [ ]  Sexual Misconduct and Prevention Office
* [ ]  Student Accessibility Services
* [ ]  Student Counselling Centre
* [ ]  Student Health Services
* [ ]  Writing Support Desk
* [ ]  Others:

Referral(s) was/were made on

**Special Academic Requests**

* [ ]  Aegrotat Standing
* [ ]  Course Exception/Equivalency
* [ ]  Course Overload
* [ ]  Course Repetition
* [ ]  Late Voluntary Withdrawal

Reason(s) for the request: