

StudentLastName	FirstName	FairfieldID #	____/____/____ Date of Meeting
____/____ Expected Graduation Mo./Yr.		____-____ Academic Year (ex. 2019-2020)	____-____-____ Phone Number

Student and Dean/Director to meet and complete plan together:

- Cumulative GPA (current):
- Cumulative GPA (needed to retain aid by conclusion of semester):
- Semester GPA target (needed to improve cumulative GPA required in high school)

- | | |
|------------------------------------|----------------------------|
| ____ no longer works | ____ Time management |
| ____ Unprepared for exams | ____ Organizational Skills |
| ____ Poor attendance/skipped class | Re |
| ____ Tardiness/late for class | |
| ____ Uncertain about major | |
| ____ Unaware of campus resources | |
| ____ Course(s) too advanced | |
| ____ Other: _____ | |

Referrals: (Dean/Assistant Dean/Directorto checkall that apply)

<input type="checkbox"/> Academic Support and Retention(ASR)(x2222)	<input type="checkbox"/> DiMenna-Nyselius Library(x2188)
<input type="checkbox"/> Accessibility(OOA) (x2615)	<input type="checkbox"/> FinancialAid(x4125)
<input type="checkbox"/> CareerServices(x4081)	<input type="checkbox"/> Health Center(x2241)
<input type="checkbox"/> Counseling & Psychological Services(x2146)	<input type="checkbox"/> ResidenceLife(x4215)
<input type="checkbox"/> Deanof Students(x4211)	<input type="checkbox"/> Other:
<input type="checkbox"/> Department of PublicSafety(x4090)	<input type="checkbox"/> Other:

Recommendations(Dean/Directorto checkall that apply)

<input type="checkbox"/> Utilizationof professor's office hours	<input type="checkbox"/> Math Center (http://www.fairfield.edu/mathcenter)
<input type="checkbox"/> Considerchangeof major/school	<input type="checkbox"/> Writing Center (http://www.fairfield.edu/writingcenter)
<input type="checkbox"/> Considercoursewithdrawal	<input type="checkbox"/> Peer Tutoring (http://www.fairfield.edu/tutoring)
<input type="checkbox"/> Increasestudytime	Follow up appt. (Date: