



*Creating Solutions*

*Ben and Maytee Fisch College of Pharmacy  
Office of Academic Affairs*

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**ACADEMIC ALERT NOTIFICATION**

Student Name: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ Session/Year \_\_\_\_\_

Course Coordinator: \_\_\_\_\_

Other Course Faculty: \_\_\_\_\_ Student's Faculty Advisor \_\_\_\_\_

**Part 1: Course Coordinator Referral for academic support (completed by Course Coordinator)**

Reason for Academic Alert:

- ☐ Assignment grade/percentage \_\_\_\_\_
- ☐ iCAT percentage(s) \_\_\_\_\_
- ☐ iRAT cumulative percentage \_\_\_\_\_
- ☐ Session cumulative percentage \_\_\_\_\_
- ☐ Team Concerns (e.g., dysfunction) \_\_\_\_\_
- ☐ IPPE/APPE requirement deficiency or non-compliance: \_\_\_\_\_
- ☐ Other: Briefly describe below: \_\_\_\_\_

Course Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: Plan for receiving academic support (completed by course coordinator)**

- ☐ Review session(s) with instructor and/or course coordinator
- ☐ Review session(s) with student tutor (the course coordinator has the choice to either select a tutor or ask the Associate Dean for Student Affairs to select a tutor)
- ☐ Formation of a study group
- ☐ Referral to learning resource center activities
- ☐ Counseling/stress management/time utilization
- ☐ Other. Briefly describe below: \_\_\_\_\_

- ☐ The student did not respond to request to meet with course coordinator within 5 business days.

Course Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The course coordinator is to return the signed form to the College of Pharmacy Office of Academic Affairs within 7 calendar days of initiating the academic alert**