STUDENT REVIEW COMMITTEE (SRC)

PART I: Referral  (To be completed by referring person.)

SRC Meeting Date: __________________ Name of Referring Faculty: __________________

Student Information:

Last Name ________________________ First Name ______________________________ MI ______

Check ALL boxes that apply: ☐ INTERN  ☐ ECSE  ☐ M/M  ☐ M/S

Program Advisor Name __________________

DESCRIPTION OF CONCERN(S): Attach additional information, if needed.

LIST EVIDENCE: Include dates, names of witnesses, if available and applicable.

Part II: Action Plan or Recommendation(s)  (To be completed by Student Review Committee.)

Part III: Notification of Student

Notified Via: ☐ Email ☐ Letter ☐ Phone ☐ Other ☐ Other __________________

Notified By: ___________________

Additional Comments:

Part IV: SRC Members Present for Review

__________________________________________  ____________________________  ____________________________

Part V: Follow-Up Student Review Committee Meeting

<table>
<thead>
<tr>
<th>DATE OF MEETING</th>
<th>SRC MEMBERS PRESENT</th>
<th>RESOLUTION SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
<td>____________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>