

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 Date Notified: _____

Notified Via: Email Letter Phone Other **Notified By:** _____

Additional Comments:

Part IV: SRC Members Present for Review

Part V: Follow-Up Student Review Committee Meeting

DATE OF MEETING	SRC MEMBERS PRESENT	RESOLUTION SUMMARY
