



Center for Undergraduate Studies and Programs  
(CUSP)

EARLY ASSISTANCE REQUEST FORM

Student success is important to all of us at Washburn University  
With your help we can identify students who might benefit from our services.

**Instructor: please** 1) discuss this issue with the student; 2) complete this form; 3) make a copy for your records; and 4) forward the original copy to CUSP.

**INSTRUCTOR AND STUDENT DATA**

(Student Name)

(Instructor Name)

Department (example: AC)	Course # (example: 423)	Section (example: A)	Course Reference# (example: 15099)	Course Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INSTRUCTOR COMMENTS**

<input type="checkbox"/> Student has never attended class	<input type="checkbox"/> Student has missed ___ class sessions
<input type="checkbox"/> Student is inattentive in class	<input type="checkbox"/> Student has not been prepared for class
<input type="checkbox"/> Student has not turned in class assignments	<input type="checkbox"/> Student has turned in below standard assignments
<input type="checkbox"/> Student seems to have difficulty with __Language__Comprehension__Writing	<input type="checkbox"/> Student has not performed well on examinations
<input type="checkbox"/> Student seems to have difficulty with math	<input type="checkbox"/> Student missed the last examination

Other issues of concern (please specify):

As the student's instructor, I have discussed the contents of this form with the student, and he/she is aware that someone from CUSP will be contacting him/her. (Please ignore this section, if contact has not been possible.)

**Instructor's Telephone Extension:**

**Instructor's E-Mail Address**

***Please copy for your records and forward this form to the CUSP area, Morgan 122.  
Thank you.***