

STAR Report

This form can be completed online, email or printed and sent via interoffice to ALT 104.

Faculty/Staff Member name: _____

Date: _____

Student Name: _____

Student Id#: _____

Major: _____

Course (if applicable) _____

Type of concern: (please check all that apply)

Attendance

Financial

Academic

Medical

Personal related issue

Other _____

Comments: Please include any other pertinent information you feel is important
