



Document Code No.			
FM-DDOSC-OVPAA-SAS-015			
Issue Status	Rev No.	Effective Date	Page No.
07	00	04.01.2026	1 of 1

STUDENT'S REFERRAL SLIP

Date : _____

Student's Name : _____

Course & Year : _____

Contact Number : _____

Subject : _____

Time : _____ Day: _____ Room: _____

Instruction: Please check students' concern and indicate your observations or remarks for our references.

AREAS CONCERNS

A. Personal / Social

- Adjustment to College Life
- Plagiarism/Vandalism/Forging
- Financial Problems
- Health
- Lack of Self-Confidence/
Self-Esteem
- Relationship with Family/
Friends/BF/GF

B. Academic

- Unmet Subject
Requirement/Project
- Attitudes Towards Studies
- Attendance:
Absences/Tardiness
- Course Choice: Own/
Somebody Else
- Failing Grade
- School Choice
- Study Habit
- Time Mgt./Schedules

C. Behavioral

- Stealing/Fighting
- Bullying
- No ID/Haircut/
Uniform/Earrings
- Influence of
Liquor/Drugs/Smoking
- Joining Fraternity/Gambling

Other (please specify)

Referred by:

Referred to:

Signature over Printed Name
Faculty

Signature over Printed Name
Guidance Coordinator