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## FACULTY REFERRAL SLIP

Date : \_\_\_\_\_  
Faculty Name : \_\_\_\_\_  
Department : \_\_\_\_\_  
Subject : \_\_\_\_\_  
Time : \_\_\_\_\_ Day: \_\_\_\_\_ Room: \_\_\_\_\_

### Reason(s) for referral (please check)

Attitude towards the student       Class Attendance  
 Behavior inside/outside classroom       Teaching Performance

### Other (please specify)

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Referred by:

Referred to:

\_\_\_\_\_  
Signature over Printed Name  
Program Head/Coordinator

\_\_\_\_\_  
Signature over Printed Name  
Guidance Coordinator