

# FORM I. Student Counseling Form

On \_\_\_\_\_, a counseling session was held with the student below concerning difficulty they have encountered in the IS Ph.D. Program:

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Difficulty \_\_\_\_\_

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The student has been informed of the consequences of this problem and acknowledges that further difficulty could result in the following:

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Signatures:

\_\_\_\_\_

Student

Date

\_\_\_\_\_

Major Professor

Date

\_\_\_\_\_

Co-Major Professor (if applicable)

Date

\_\_\_\_\_

Program Director

Date

\_\_\_\_\_

Department Chair

Date

Additional comments: \_\_\_\_\_

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Action taken (if necessary): \_\_\_\_\_ Probation \_\_\_\_\_ Removal

Submission of this form from the department may be used as authorization to write a removal letter from IS Ph.D. Program IS Ph.D. Program.

Request for Exceptions: