

# ACADEMIC CONCERN FORM

# Date:

**Type of Concern: Midterm\_\_\_\_ Progress\_\_\_\_**

**Current Term: Fall\_\_\_\_ Spring \_\_\_\_ 2015\_\_\_\_\_ 2016\_\_\_\_\_**

**Student’s Name:**

**Student Status: Freshman \_\_\_ Sophomore\_\_\_ Junior\_\_\_ Senior\_\_\_\_**

**Student’s Faculty Advisor’s Name:**

**Your Name:**

**Course Name:**

**Student’s current status in the course: Marginal\_\_\_\_ Failing\_\_\_\_**

**Concern Narrative (Please describe your concern in detail, noting problematic actions or inactions):**

**Action Steps (Please explain what the student should do to improve his/her performance):**

**Once completed, please send this form to the student, faculty advisor, and the Dean’s Office (registrar@bennington.edu).**