

COLLEGE OF EDUCATION
Academic Performance and Professionalism Warning

This form must be completed and signed by the student, faculty, and the Department Chair. See [TCU Undergraduate Catalog](#) or the [TCU Graduate Catalog](#) for additional requirements.

Student Name _____
TCU ID #

Major Minor or Specialization

Faculty Concerns: _____

Potential Strategies and Solutions: _____

Strategies and Solutions should be completed by: _____

Student Signature Date

Faculty Signature Date

Faculty Signature Date

Faculty Signature Date

Department Chair (Signature) Date

Please return the completed form to the Department Chair.

CC: Dean of Students
Student