

**COLLEGE OF EDUCATION**  
**Academic Performance and Professionalism Warning**

*This form must be completed and signed by the student, faculty and the Associate Dean.  
See [TCU undergraduate 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

\_\_\_\_\_  
Associate Dean's Signature

\_\_\_\_\_  
Date

*Please return completed form to the office of the Associate Dean - Bailey Building 201*

*Cc: Campus Life  
Student*