



## Office of Outreach and Intervention

### Substance Intervention Program (SIP) Faculty/Staff Referral Form

Date \_\_\_\_\_

#### **Student Information:**

Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **Referral Source:**

Name \_\_\_\_\_

Department

- Academics
- Athletics
- International Programs
- Student Counseling Center
- Student Services
- Other: \_\_\_\_\_

Is student being mandated to complete the SIP?

*(If yes, a confirmation will be sent the referral source at the completion of the program or the referral source will be contacted if any challenges arise)*

- Yes
- No

Reason for referral:

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