



Campus Tutoring Labs Referral Form

* Entire Class *

<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

- | | | | |
|------------------------------------|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Communication | <input type="checkbox"/> Mac/CAD | <input type="checkbox"/> Beacon |
| <input type="checkbox"/> Business | <input type="checkbox"/> LRC | <input type="checkbox"/> Math | <input type="checkbox"/> Other |

To Instructor:

*** If you feel that your students would benefit from supervised tutoring, please fill out this form and return it to the lab indicated above.**

Instructor (please print) _____

Course Code/Number	Subject & Catalog Number	Day/Time
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*** I refer each of my students enrolled in the classes listed above to the lab marked.**

Instructor Signature

Date