



Campus Tutoring Labs Referral Form

* Individual Student *

<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"/> Other _____ |
| <input type="checkbox"/> Business | <input type="checkbox"/> LRC | <input type="checkbox"/> Math | |

To Instructor/Counselor:

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

Instructor/Counselor (please print) _____

Course Code/Number	Subject & Catalog Number	Day/Time
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* I refer _____ to the lab marked above.
Student's Name

Instructor /Counselor Signature	Date
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