

# Learning Center – Faculty Referral

## Student Information – To Be Completed by Faculty

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Course Number and Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

If you would like us to send you a copy of each session report, please select "yes": no  yes

Is there a tutor you'd like the student to work with? \_\_\_\_\_

**Please provide us with any assignments, handouts, or other course materials you feel would support us in assisting your student.**

## Instructor Notes (reasons for referral, tutoring objectives)

## To Be Completed by the Student

Preferred Contact Method: phone  email  both

Preferred Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Available Times for Tutoring: \_\_\_\_\_

**Please describe the goals you have for your tutoring experience. How do you expect to improve your work for this class?**