



Academic Support Center
Study Skills Tutoring Referral Form

Date:

General Information

* Referrer's Name: * Referrer's Phone

* Referrer's E-Mail:

* Student's Name: * Student's Phone

* Student's E-Mail:

* Student's ID: * Course/ Section

Concerns (Check all that apply):

- | | | | |
|-----------------|--------------------------|-----------------------|--------------------------|
| Time Management | <input type="checkbox"/> | Note-taking | <input type="checkbox"/> |
| Outlining | <input type="checkbox"/> | Test Taking | <input type="checkbox"/> |
| Memory Skills | <input type="checkbox"/> | Reading Comprehension | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Faculty Comments:

Tutor Comments: