



Academic Support Center Referral  
(AC-8/14)

\_\_\_\_\_ is being referred to the Academic Center by  
Student's Name (please print)

\_\_\_\_\_ Date of Referral  
Instructor's Name (please print)

To obtain counseling/tutoring (check all that apply)

Academic Counseling

Career Counseling

Tutoring in

\_\_\_\_\_  
Subject Area

Reason(s) for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student met with the \_\_\_\_\_ Educational Counselor, \_\_\_\_\_ Career Counselor, or an  
Academic Tutor on \_\_\_\_\_ for \_\_\_\_\_  
Date minutes

The counselor or tutor recommends additional sessions with Academic Center personnel.

Yes

No

If yes, reason(s) for additional sessions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Counselor or Tutor \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advised of Counseling or Tutor Session by \_\_\_\_\_  
Name

Via confidential email sent \_\_\_\_\_  
Date