

Gaston College Academic Skills Lab Referral

Student Name: _____ Student ID #: _____
Phone Number: _____ E-mail: _____

The above-named student is experiencing difficulty in the following course and would benefit from developmental or remedial instruction:

Course Name	Course Number	Section Number
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I hereby refer the student for tutorial services and academic support (please provide comments on the back of this form to indicate specific details or instructions for the tutor/coach working with the student.)

Instructor Signature: _____ Printed Name: _____

Instructor E-mail: _____ @gaston.edu EXT: _____

FOR SKILLS LAB ADMINISTRATIVE USE ONLY Referral

Date: _____ Semester: _____ FALL 2016 _____ SPRING 2017 _____ SUMMER 2017

Processed by: _____ on _____.

Skills Lab Staff Date

Assigned to: Learning Center _____ Writing Center _____

Both labs will maintain a copy of this signed referral form when the student utilizes both services.

To Complete the Student's File:

- ___ Printout of Class Schedule from WebAdvisor (provided by student)
- ___ Valid Gaston College ID Verification (initial)
- ___ Signed Academic Skills Lab Referral Form
- ___ Student Tutoring Agreement and Schedule

Writing Center Post-session Assessments for this student will be maintained electronically. An electronic receipt can be generated for the student and for the faculty member if requested and will be sent to the e-mail address provided by the student.

Learning Center Tutor Notes and Progress Reports are available upon request from the student and the referring faculty member.