Faculty Referral Form

Student Name: ____________________________________ Date: ____________

Course: _________________________________________ Semester: ____________

Faculty Name: ______________________________________

I recommend that the above student be referred to the ASC for □ Tutoring □ Academic Coaching

The student should be assisted in the following area(s):

□ Grammar □ APA formatting □ Paraphrasing

□ Sentence Structure □ MLA formatting □ Course Content

□ Other:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Faculty Signature: _______________________________________

To be completed by tutor:

I, ______________________________, met with ______________________________ on _________

Tutor’s name Student’s name Date

from _____________ am/pm to __________________ am/pm.

Start time End time

Tutor’s Signature: ________________________________

Please note: Instructors may request a copy of a student’s tutoring report by contacting Lisa Mattin, Tutor Coordinator at lmattin@lourdes.edu or 419-824-3793.