

TUTORING REFERRAL (Sessions are normally ½ hour, unless otherwise requested)

Student Name: _____

Professor: _____

Date: _____

AREA OF FOCUS

- General Reading Comprehension:* _____
 - English Fluency*
 - Study Skill:* _____
 - Test-Taking Skills*
 - Literature/Poetry:* _____
 - Other:* _____
- _____

Students, if possible, please bring any course materials that involve the area of focus.

Session completed: Tutor Signature: _____ Date: _____