 

**The Learning Enhancement Center Student Referral Form**

|  |
| --- |
| **Faculty Information** |
| **Date of Referral:** |  |
| **College/Institute**  |  **CAS □ CPN □ CEMIS □ CEA □ FI □ Academic Adviser □** |
| **Department** |  |
| **Instructor’s Name** |  | **Ext #:** |
| **Instructor’s Email** |  | **Office:** |
| **Course Name** |  | **Course****Code:** |
| **Recommended # Appointments** | **1~2 □ 5 □ 10 □ 15 □ 20 □ Other □** |
| **Student Information** |
| **Student’s Name:** |  |
| **Student ID #:** |  | **Major:** |  |
| **Recommended Participation of TWC Programs***Please select (X) area(s) of available academic support by LEC* | **Peer Tutorials/** * Mathematics
* Sciences
* Business
* Computer Sciences
* Engineering
* Design
 |  **Speciality Workshops:** * Mathematics
* Sciences
* Business
* Computer Sciences
* Engineering
* Design
 |
| **Instructor’s Comments and Suggestions** |  |
| **LEC Official Records** |
| **Total Visits**  |  | **1st GPA****Final GPA** | **LEC STAMP** |
| **Updated Instructor on Student’s Attendance** | * **Yes**
 | * **No**
 |