

**Mount Olive College Teaching and Learning Center
Student Referral Form**

Student Name: _____

Course / Section: _____

Instructor Name (print)

Instructor Signature

Date of Referral

Student's Academic / Tutorial Needs:

Study Skills Needs:

Additional Comments:

Release of Information:

I give permission to the instructor/professor making this referral to forward a copy of this form to the Director of the Teaching and Learning Center.

Student Name (Printed)

Student Signature

Date

Students: To make an appointment at the TLC, call 658-2502, ext. 1185 or come by 547 Michael Martin Dr., Waylin Center. Please bring this form with you to appointment.

FOR TLC USE ONLY:

Date Referral Received: _____ Date of Student Contact: _____

Name of Tutor or Mentor Assigned: _____

Notes (See reverse): _____