

Johnston Community College
ACADEMIC ASSISTANCE REFERRAL FORM

Student Name _____ ID/ SS# _____

Class/Subject _____

Referred by (Name of Faculty Member) _____

Department _____

Reason for Referral _____

TO THE FACULTY MEMBER:

The Academic Enrichment of Academic Services will have the documentation on file of the student's attendance at the lab. The Writing Center will give a confirmation appointment slip to the student at the time of the appointment.

TO THE STUDENT:

Bring this sheet to the Writing Center

and from the Writing Center, and from the Writing Center