Bay State College Center for Learning and Academic Success

FACULTY REFERRAL for Tutoring

Student Name:                        Date: ____________________________
_________________________________________________________

Student Telephone Number:    Email:_________________________________________

Instructor Name:_________________________________________________________

Instructor Telephone Number:    Email:_________________________________________

Course Name:____________________________________________________________

Please identify the academic areas of difficulty that the student is experiencing in this class and/or the skills that you recommend need support in accord with the course requirements. Additionally, please attach copies of assignments for review or completion.

Writing          Math          Academic Skills
□ Grammar        □ Word Problems        □ Note-taking/Test Prep
□ Essay Writing   □ Decimals/Fractions □ Reading Comprehension
□ Manuscript Format □ Equations/Inequalities □ Time Management
□ Research/Citation □ Graphing         □ Learning Styles

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please return this form to Jessica Felizardo, Center for Learning and Academic Success. Feel free to call me at x9302 or email me at jfelizardo@baystate.edu.