



Academic Resource Center

Instructor Referral Form

Student Name: _____ **ID:** _____

Course Title: _____ **Campus:** _____

Based on the student's performance in the class to date, it appears that the student is having difficulty with:

(please check appropriate category and explain if necessary)

- _____ Course Content
- _____ Study Skills
- _____ Critical Thinking
- _____ Writing Skills (grammar, expression, organization, etc.)
- _____ Research Writing (Plagiarism, MLA, APA citations)
- _____ Performance on Exams
- _____ Other Academic Difficulties
- _____ Excessive Absences
- _____ Other Non-Academic Difficulties

Explanation

Recommendations:

Instructor's Name: _____

Email: _____ **Phone:** _____

Instructor's Signature: _____ **Date:** _____