STUDENT REFERRAL FORM

Please complete and forward to the appropriate office.

This form should be utilized by the LSCC staff to refer the student named below for services as indicated. Give a copy to the student to make an appointment with the appropriate person; send other copies to the office(s) checked below.

DATE: __________________

STUDENT: ________________________ MAJOR: ________________________

COURSE: ________________________ ID#: ________________________

☐ Career Services ☐ Student Financial Services/Scholarships
☐ Counseling Services ☐ Student Support Services
☐ Disability Services ☐ Persistence/Retention Services
☐ Campus Housing ☐ Graduation Evaluation

Reason(s) for Contact:

☐ Attendance ☐ Note Taking Tips
☐ Basic Skills Review ☐ Personal Counseling
☐ Career Counseling ☐ Poor Academic Progress
☐ Financial Assistance ☐ Special Needs/Disability
☐ Intervention Services ☐ Test Taking/Study Skills
☐ Job Placement Assistance ☐ Tutoring

Has student been officially withdrawn from class?  Yes ☐ No ☐
Re-entry recommended?  Yes ☐ No ☐  Student’s present grade average: _______

Please list other assistance needed and/or comments: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Faculty/Staff Signature

For Office Use Only (please check all that apply)

☐ Federal Assistance ☐ Veteran ☐ Rehab Services ☐ Scholarship ☐ SSS ☐ Other

Please describe action taken: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Student Services Staff Signature  Date  Student’s Initials