



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.

STUDENT: _____ DATE: _____
COURSE: _____ MAJOR: _____
ID#: _____

- | | |
|--|--|
| <input type="checkbox"/> Career Services | <input type="checkbox"/> Student Financial Services/Scholarships |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Student Support Services |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Persistence/Retention Services |
| <input type="checkbox"/> Campus Housing | <input type="checkbox"/> Graduation Evaluation |

Reason(s) for Contact:	
<input type="checkbox"/> Attendance	<input type="checkbox"/> Note Taking Tips
<input type="checkbox"/> Basic Skills Review	<input type="checkbox"/> Personal Counseling
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Poor Academic Progress
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Special Needs/Disability
<input type="checkbox"/> Intervention Services	<input type="checkbox"/> Test Taking/Study Skills
<input type="checkbox"/> Job Placement Assistance	<input type="checkbox"/> 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Has student been officially withdrawn from class?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

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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