

Learning Center Referral Form

Nexus Building; Room 129

516-877-3200 learningcenter@adelphi.edu

To: _____ / _____ / _____
Student's First Name Student's Last Name Date

I () recommend/ () require) that you visit the Learning Center to meet with a tutor regarding:

Course content

Course Title: _____ Department: _____

General Skills (Focus Services)

Study Skills Time management Testtaking Notetaking

Reading Critical Thinking Research

Specifically, I would like you to work on the following: _____

I () have / () have not) attached a copy of the assignment to this letter, and I () would / () would not) like a copy of the tutor's session report after the visit emailed to me at:

Instructor's Email Address

Sincerely,

Instructor's Name

Course Name

Instructor's Signature

Department and Course Number

INSTRUCTOR: Tear off this section and retain it for your records

Learning Center visit () recommended/ () required) for _____ on ____/____/____
Student's Name Date

regarding _____

Boxes checked off above
