Learning Center Referral Letter
Earle Hall B, Lower Level
Phone: (516) 877-3200 E-mail: 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

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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