Student Referral to Academic Services

Student’s name:_____________________________________

Professor’s name:____________________________________

Course title:________________________________________

Please list any specific areas that tutor should address with student:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list and explain briefly the various types of assignments student will do:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If possible, include a list of applicable due dates and any grading rubrics you have distributed to the student as well as any other pertinent information that might be helpful to the person working with the student.

In order to send this form to Academic Services, you may send it through campus mail as a hard copy or scan it to dgray@trevecca.edu. You may also save this form to your M drive, fill it out, and send it as an attachment to dgray@trevecca.edu.

We will notify you when the student makes contact with our office and provide you with a summary of what occurred in the meetings if you request that information.

Sincerely,

Donna J. Gray, Ed.D.
Associate Director of Academic Services
Center for Leadership, Calling, & Service
Trevecca Nazarene University
615-248-1376
dgray@trevecca.edu