*Name:___________________________________  *Date:_________________ (referral expires 2 weeks after date)

*Major:___________________________________  *Classification:________________________

*Course & Section:_________________________  *Instructor:____________________________________

Number of hours required per week:____________  *Total hours:________________________   
(maximum of 2 hrs. per wk.)  (indicate semester total)

Please indicate the reason for the student’s referral to the Center:

_____Pre-assessment/Timed Essay  _____Personal Statement/Scholarship Essay

_____ Expository Essay  _____Book Review/Report

_____ Literary Critical Analysis  _____Documented/Research Essay

_____Argumentative Essay  _____Other

_____Language Skills:

_____Grammar/Usage  _____Diction

_____Sentence Structure  _____Vocabulary

_____Syntax  _____Other

_____Written Communication Skills (Essay/Paragraph):

_____Topic Selection  _____Outline

_____Pre-writing  _____Paragraph Development

_____Thesis/Topic Sentence Development  _____Other

Instructor’s Signature and Email Address:______________________________________________

Further remarks:__________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

* Required Information  rev. 6/28/11