



ANTELOPE VALLEY COLLEGE

## **Learning Center Referral**

*Instructors and Counselors: Please complete this form for individual students being referred to the Learning Center. Place this form in the Learning Center mailbox in the AVC mailroom. Thank you.*

Date: \_\_\_\_\_ Student: \_\_\_\_\_ Course: \_\_\_\_\_ Section \_\_\_\_\_

I am referring this student to the Learning Center for **Remedial/Developmental** skill building in areas of

Academic Skills

Math

ESL

Reading

General Tutoring

Supplemental Instruction (SI)

Writing

Should the student meet with a faculty learning specialist? **YES** or **NO**

Instructor's Signature \_\_\_\_\_

### **Student Acknowledgement**

Note: Complete this part and take the form to the Learning Center where Staff will be glad to assist you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Student e-mail

\_\_\_\_\_  
Today's Date



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