**Academic Achievement Center (AAC)**

**Tutoring Referral**

**Free tutoring services are available to all Columbia students with the completion of a Tutoring Referral form each semester. Please ask your instructor or counselor to complete this referral and bring it to the AAC to make a tutoring appointment.**

I recommend that the student named below receive tutoring for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to address the following learning needs: (choose at least one)  (course name)

***□*** *Study Skills* ***□*** *Learning Strategies* ***□*** *Reading Strategies*

***□*** *Math Proficiency* ***□*** *Research Skills* ***□*** *Test Taking Strategies*

***□*** *Writing Proficiency (includes AAC Stamp) □ Course Specific Review/Problem-solving*

***□*** *Other*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Faculty** (Print & Sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester Year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Achievement Center 588-5088 Tamarack 2nd Floor**