



# Academic Enhancement Referral Form

Please complete this form to request Academic Tutoring.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

High School: \_\_\_\_\_ SOTC Career Major: \_\_\_\_\_ AM / PM

Circle the course/courses in which the Student needs intervention:

Algebra II      Geometry      English III      English IV      ACT      Other \_\_\_\_\_

Please list below the areas of deficiency you would like for us to help with:

Missing Assignments (Section and Page numbers)

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Study for a Test (what chapter)

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Specific Assignment (section and Page Number)

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High School Teacher Signature: \_\_\_\_\_

High School Teacher Email Address: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_