



# Advisor, LESC, & Instructor Referral

## Learning Enrichment Services Centers (LESC)

Date of Referral: \_\_\_\_\_ PMU ID: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Referrer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

1<sup>st</sup> Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_ 3<sup>rd</sup> Language: \_\_\_\_\_

Referred to Center(s): \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_ Tutor  
 \_\_\_\_\_ Instructor \_\_\_\_\_ Counseling \_\_\_\_\_ Other

**Tutoring service suggested:**

- |   |                                   |  |                                       |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Vocabulary                     | <input type="checkbox"/> Grammar  | <input type="checkbox"/> Reading       | <input type="checkbox"/> Algebra      |
| <input type="checkbox"/> Listening                      | <input type="checkbox"/> Speaking | <input type="checkbox"/> Pronunciation | <input type="checkbox"/> Calculus     |
| <input type="checkbox"/> A specific project/ assignment | <input type="checkbox"/> Writing  | <input type="checkbox"/> Directions    | <input type="checkbox"/> Trigonometry |

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professor's Signature:** \_\_\_\_\_

**\*\*Upon completion, please give this referral, as well as any other related materials (additional notes, assignments, readings, etc.), to your student and have the student bring them to the LESC to schedule an appointment. Male Campus LESC Math (G046), Reading (S099), & Writing (S098). Female Campus LES: Math (F025 & F027), Reading (F107), & Writing (F109). For questions/comments, please contact Ms. Krista Osborne, [kosborne@pmu.edu.sa](mailto:kosborne@pmu.edu.sa), 013 849 9216.**

### For Office Use Only

Date of appointment: \_\_\_\_\_ Time of appointment: \_\_\_\_\_

LESC Staff member \_\_\_\_\_ Duration of session: \_\_\_\_\_

Follow-up email sent: \_\_\_\_\_

Session activities/topics covered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_