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)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Study for a Test** (what chapter)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Specific Assignment** (section and Page Number)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

High School Teacher Signature: ________________________________

High School Teacher Email Address: ________________________________

Counselor Signature: ____________________________________________