

VA TUTORIAL ASSISTANCE PROGRAM
Student and Tutor Referral Form

Student's Name (Last, First MI)

Student U Number

Degree Program (Major)

Class Level (Fr, Soph, Jr, Sr)

Course Prefix, Reference No., Title (Student must be currently enrolled in this course.)

I. I hereby acknowledge that this student has a deficiency in the above named course as evidenced by grades / class performance / knowledge (circle one) insufficient to minimally satisfy the credit requirements of this student's degree program.

Instructor/Academic Advisor's Name

Signature

Date

II. The above named course is required for the completion of this student's degree program.

Authorized Signer's Name (See Reverse)

Authorized Signer's Signature

Date

III. The individual below has taken the above named course and has met the requirements to tutor the above named student.

Tutor's Name

Student U Number

Academic Advisor/Authorized Signer's Name

Title

Signature

Date