



**PORTERVILLE COLLEGE**  
**Learning Resource Center**  
*Tutoring Center Referral*

**To the Student:**

In order for you to receive tutoring service in the Porterville College Learning Center, your instructor or counselor must refer you. Please complete the top section of this form; then have your instructor or counselor complete the bottom section.

*\* Bring the completed referral form to the Learning Center (LRC-503) to make the appointment(s).*

*\* You need a separate referral for every course for which you wish to receive tutoring services.*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_  
**Student ID#:** @ \_\_\_\_\_ **Email:** \_\_\_\_\_@email.portervillecollege.edu  
**Course title** \_\_\_\_\_

**To the Instructor or Counselor:**

In order for the student listed above to receive tutoring services in the Porterville College Learning Center, State Education Code {Title 5, Section 58170(e)} requires students be referred by their instructor or counselor based on an identified learning need. Please fill out the section below and return this form to the student right away so s/he can initiate tutorial services.

From the list below, please check the appropriate item(s).

*\* If needed, explain below in the note section.*

**Identified Learning Needs:**

- |   |  |
|---|--|
| <input type="checkbox"/> Review of material | <input type="checkbox"/> Test preparation          |
| <input type="checkbox"/> Study skills       | <input type="checkbox"/> Homework/text assignment  |
| <input type="checkbox"/> Writing assistance | <input type="checkbox"/> Other (please note below) |

**Note:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor/Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_