Bethune-Cookman University
Freshman College
Lab Referral

Student: _________________________  B-CU ID# __________________

Dorm Name/Number    Cell #
Local Address     Local Phone #

Once the form is complete the student should bring the referral form to the appropriate lab manager.

( ) Writing Center - Kottle 106/ext 2365
( ) Reading Lab - General Studies # 11/ext. 2330
( ) Tri-Math Lab - General Studies # 1/ext. 2315
( ) Other – please specify: __________________________________________

Reason for referral: ________________________________________________

Instructor: _________________ Course: ________________ Section: ______

Faculty/Staff member (if applicable):  __________________________________

Note to Student (specific instruction):  __________________________________

Student’s Signature: ________________________________________________

Days/Times Available: ______________________________________________

Manager’s Signature: ______________________________ Date: ___________

Follow-up dates & comments: ________________________________________
Bethune-Cookman University
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Lab Referral

Cancellation/No Show Form

Name: ____________________________________ Instructor: _____________

Class/Section: ______________________________ Lab: _________________

(   ) Student has missed session # 1/Date: _________________
(   ) Student has missed session #2/Date: _________________
(   ) Tutoring appointment cancelled/Date: _________________

Cancellation Reason: ______________________________________________