

FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE



Success Center Course Instructor's Referral Form

Please use this form to make a direct and specific referral to the Success Center. Give this (top, green) original to the student and keep the second (blue) copy for your files.

Fall Spring Summer 20

Student must present this form with his/her Current FTCC Curriculum Student ID Card to register in the Success Center and to access its services/resources. Please list the course in which he or she is currently enrolled and for which he or she is being referred for supplemental instruction and your (i.e., instructor's) referral information - including your signature.

This section to be completed by student. PRINT and press down hard.

Student's Name: Last First Middle Initial

Student ID Number: []

Street Address: Number Street City State Zip Code

Telephone Numbers: Home: () - Work (Optional): () - Area Code Area Code

E-Mail Address (Optional):

Student's Signature: Date: / / 20

This section to be completed by Course Instructor only. PRINT and press down hard.

Student may not register if all of this information is not provided.

Curriculum in which student is enrolled:

Course for which student requests assistance: Course Name Course Number

Name of Course Instructor: Last First

Is this a Distance Learning/Online course? (Check one:) Yes No

This student is being referred for supplemental instruction in (please be specific):

[]

Instructor's Signature: Date: / / 20

FOR SUCCESS CENTER STAFF USE ONLY Date Registered in Success Center: / / 20

Success Center Instructor's Signature: