



Academic Support Referral Form

Date: _____ Semester: _____ Course: _____

Instructor Name and Email address: _____

Student ID# and name: _____

Please select all that apply:

1. Student needs assistance building basic skills (math, writing, reading) in order to succeed in your course.

Specify:

2. Student needs assistance with specific assignment(s) in order to succeed.

Specify. Attach assignment guidelines, due date, syllabus, and name(s) of textbook(s)/reading(s), as applicable.

3. Student needs assistance building basic academic skills such as test-preparation, note-taking, study skills, or time management skills, in order to succeed in your course and in college overall.

Specify:

Other campus resources

Counseling

Room 301 EXT362

Food Pantry, Clothing Bank, Baby Pantry

Diane Bailey, Room 157, EXT 222

dbailey@ccsj.edu

Disability Services

Angela Szczpanik-Sanchez, room 100E, EXT 349

aszczpaniksanchez@ccsj.edu

Title IX

Diane Bailey, Room 157, EXT 222

dbailey@ccsj.edu

Jennifer Young, Room 179, EXT 285

jyoung@ccsj.edu

Spiritual needs

Fr Kevin Scalf, room 626, EXT 351

kscalf@ccsj.edu

Bro. Jerry Schwieterman, Room 408, EXT 239

jschwieterman@ccsj.edu