



Cerro Coso Community College

Learning Success Centers- Counselor Referral Form

_____ on _____ requests the LSC provide _____
Counseling Faculty Name Date Student's Full Name

with assistance/practice for

a _____ / _____ / _____
Course name Specific Course Skills/Concepts Specific Study Skills (Time Management, Reading Text)

b _____ / _____ / _____
Course name Specific Course Skills/Concepts Specific Study Skills (Time Management, Reading Text)

Other: courses concepts or skills

The student receives priority registration under _____ Athletics, EOPS, Other
I want to be notified of the student's participation in success lab practice, Yes No
tutoring, workshop or supplemental instruction.



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