## TRIO SSS STUDENT REFERRAL FORM

Please complete this referral form and return to the TRiO Student Support Services Program at James Sprunt Community College.

DATE: _		COURSE #:
STUDE	NT:	STUDENT ID #:
INSTRU	CTOR'S SIGNATURE:	
CHECK	ALL THAT APPLY:	
	The student participates in cl	ss.  ork, reports and/or projects on time.  ass.  positive attitude toward the course.
THE ST	UDENT WOULD BENEFIT F	ROM THE FOLLOWING TYPES OF ASSISTANCE:
F		Tutoring Math Skills Advisement admission application assistance)
WHAT IS THE GRADE OF THE STUDENT AT THIS TIME?  PLEASE SHARE ANY ADDITIONAL INFORMATION OR COMMENTS THAT WOULD HELP THIS STUDENT IMPROVE IN THIS COURSE.		
OFFICE USE ONLY - DO NOT COMPLETE BELOW THIS LINE:		
	Student is not eligible for t	he TRiO Student Support Services Program.
This	student has been referred to	o the following department and/or agency:
	JSCC Student Services – Other (example – Student	Counseling and Testing Success Center)
	SSS Staff Signature	Date