English Language Lab Referral Form

Date of Referral: / / Course: Professor: Student: _____ Student's E-mail: The student is prescribed _____ session(s) in the English Language Lab working with ☐ Clear Pronunciation 1 (Sounds) ☐ Clear Pronunciation 2 (Speech) ☐ EnglishCentral ☐ Active Reading □ Road to IELTS (Note: The lab is open to students from 6.30 p.m. to 9.00 p.m., Monday to Friday, and from 2.00 p.m. to 4.00 p.m. on the weekend. Each session in the ELL lasts 1 hour.) Date Time in Time out Signature Stamp

Professor's Signature	
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