English Language Lab Referral Form

Date of Referral: / /

Professor: _____ **Course:** _____

Student: _____ **Student's email:** _____

The student is prescribed _____ sessions in the English Language Lab working with
☐ Pronunciation Power/ ☐ EnglishCentral/ ☐ ELL Master.

*(**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 _____