

Austin Community College
Health Sciences Student Referral Form

Please Print

Student Name:	Id#:	Program/Course:
Faculty/Staff Name:	Phone#	Date:

Faculty/Staff Signature: _____

I recommend that you contact the following office(s) as soon as possible for assistance in achieving greater academic success. Please take this form to the recommended contact:

- | | |
|---|--|
| <input type="checkbox"/> Counselor, Health Sciences
Julie Cullar-Reck, M.Ed.
Round Rock Campus
Bldg. 3000, rm 3106.00
jcuellar@austincc.edu
For appointments, call 223-0235 | <input type="checkbox"/> RRC Student Services Office
Building 1000, rm. 1105
<input type="checkbox"/> Assessment
<input type="checkbox"/> Counseling
<input type="checkbox"/> Office for Students with Disabilities
<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Admissions & Records
<input type="checkbox"/> Support Center |
|---|--|

Student may need assistance in the following area(s):

- | | |
|---|---|
| <input type="checkbox"/> Study Skills, Test Taking Skills/Anxiety
<input type="checkbox"/> Time Management
<input type="checkbox"/> Clinical Performance Anxiety
<input type="checkbox"/> English Language Skills
<input type="checkbox"/> Communication Style
<input type="checkbox"/> Difficulty with Coursework | <input type="checkbox"/> Assessment or Texas Success Initiative (TSI) concerns
<input type="checkbox"/> Relationship, Family or Childcare Concerns
<input type="checkbox"/> Physical or Learning Disability Affecting Coursework
<input type="checkbox"/> Work or School Decisions
<input type="checkbox"/> Financial Support Information
<input type="checkbox"/> Other Life Challenges |
|---|---|

Comments: _____

I, _____ authorize Student Services Faculty/Staff to provide information to my instructor _____ regarding services I received.

Valid for: 1 year from date of signing

Student Signature: _____ Date: _____