

English Language Lab Referral Form

Date of Referral: / /

Professor: _____

Course: _____

Student: _____

Student's E-mail: _____

The student is prescribed _____ sessions in the English Language Lab working with Pronunciation Power software.

(Note: The lab is open to students from 6.30 p.m. to 8.30 p.m., Monday to Friday. Each session in ELL lasts for 1 hour.)

Date	Time in	Time out	Signature	Stamp

Professor's Signature _____