English Language Lab Referral Form

Date of Referral: / /

Professor: _____ **Course:** _____
Student: _____ **Student's E-mail:** _____

The student is prescribed _____ session(s) in the English Language Lab working with
☐ **EnglishCentral** ☐ **Pronounce AI** ☐ **Clear Pronunciation 2** ☐ **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 _____