

APPENDIX K

**New York Institute of Technology
School of Health Professions
Department of Nursing**

External Student Support Referral Form

Student Name: _____ Date: _____

Referring Professor: (*print*) _____ (*Signature*) _____

You have been referred to

_____ Learning Center _____ Math Center _____ Writing Center

_____ Advising Center _____ Counseling and Wellness

_____ Student Solutions Center (financial aid, registration)

_____ Other _____

Specifically for: _____

Support Center: Please complete this section, fax to Department of Nursing (516-686-3781), and return form to student.

The above named student has attended _____ and worked on the following (if confidential, please indicate):

_____ The student has completed needed support session(s).

_____ The student has been advised to return to _____ for continued support.

Support Center Staff/ Faculty: _____ Date: _____

Phone #: _____

This section to be completed by the student. Please return completed form to referring professor.

The referral to _____ has assisted me: _____ YES _____ NO

Please describe your experience:

