



Writing Resource Center Referral and Verification Form

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| Student's First and Last Name: | Student ID#: |
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| Reason for Referral: <input type="checkbox"/> Paraphrasing <input type="checkbox"/> Citation error <input type="checkbox"/> Other: |
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| Session Format: <input type="checkbox"/> Virtual <input type="checkbox"/> In Person Session Date and Time: |
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| Name of WRC Writing Consultant: |
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Bring your assignment prompt with you to allow the WRC Writing Consultant to understand the assignment requirements and can examine how closely your rough draft meets the criteria. If your assignment involves conducting research, either bring your source material with you or be prepared to find it online during your session.

I authorize this information to be provided to the CSUB Dean of Students Office to verify completion.

Student's Signature: _____ **Date:** _____

W.R.C. Signature: _____ **Date:** _____