



Harvard University Extension School

Undergraduate Degree Programs Office

51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-9413 • Fax: (617) 998-8494 • www.extension.harvard.edu/undergrad/

Bureau of Study Counsel Information and Referral Form

The Bureau of Study Counsel (BSC), Harvard's Academic and Personal Development Counseling Center, offers individual academic counseling to a limited number of Harvard Extension School undergraduate and graduate degree candidates and peer tutoring to undergraduate degree candidates **by referral only**.

For information about additional study/academic services only available to Extension School students, including scheduled appointments with our own study/academic counselor, Dr. Christine Herot, visit the Harvard Extension School Career and Academic Resource Center at www.extension.harvard.edu/carc/.

Time and Place. Individual academic counseling and peer tutoring referrals will be provided, by appointment, on site at the Bureau of Study Counsel (5 Linden Street in Harvard Square) during the daytime hours of its operation (Monday–Friday, 9 am to 5 pm) from September 1 to May 1. Undergraduates interested in peer tutoring should submit their request as early in the semester as possible, because it is difficult to find tutors after mid-terms.

BSC Individual academic counseling explores potential difficulties and blocks to the student's learning and includes the use of study strategies materials.

BSC Undergraduate peer tutoring provides student-to-student tutoring help in courses offered by the Extension School that match Harvard College courses (dependent upon availability of Harvard College undergraduate tutors in those particular courses).

Referral Procedure

1. Submit the following student information to the Assistant Director of the Undergraduate Degree Programs each semester (fall and spring); no referrals are made over the summer.
2. After the Undergraduate Degree Programs Office has approved your referral and faxed it to BSC, you will be instructed via e-mail to call the Bureau of Study Counsel to schedule an appointment.

Student Information

Name _____ Referral term _____

DCE ID number

@									
---	--	--	--	--	--	--	--	--	--

(see www.extension.harvard.edu/login if unsure)

Date of birth _____

Daytime phone number _____

E-mail address _____

Degree/certificate program _____ GPA _____

Number of credits completed at Harvard _____ Year(s) _____

Area of concentration _____ Field of study _____

Expected date of graduation _____

Occupation: _____ Full-time Part-time Other _____

Reason for Referral

- Undergraduate peer tutoring for: Course title _____
Course title _____
Course title _____

- Individual undergraduate and graduate academic counseling (once referred, you are limited to three individual academic counseling sessions)

Please describe the academic issues, concerns, or challenges that you would like to address with a counselor. Be as specific as you can.

By signing your name below, you are permitting the Bureau of Study Counsel to share oral and/or written information with the Harvard University Extension School related to your use of Bureau services. Permission is required for all referrals.

Signature _____ Date _____

For Undergraduate Degree Programs Office use only

Approved by _____ Date _____

Assistant Director, Undergraduate Degree Programs

Must be faxed to BSC with signature from the Assistant Director of the Undergraduate Degree Programs to be valid.