



HARVARD EXTENSION SCHOOL

Career and Academic Resource Center (CARC)

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

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 and peer tutoring to Harvard Extension School undergraduate and graduate admitted degree candidates and Premedical Program participants.

For information about additional study skills services available to Extension School Students, visit the Academic Skills Building resource page.

BSC Individual academic counseling explores potential difficulties and blocks to the student's learning. Students are eligible for up to 3 meetings.

BSC 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). **Maximum 4 hours per week.**

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, 8:30 am to 5:30 pm) from September 1 to May 1. Students 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.

Referral Procedure

1. Submit the following student information to Sue Albrigo (susan_albrigo@harvard.edu), Academic Advisor. Referral is valid for one semester (fall and spring); no referrals are made over the summer.
2. After Sue Albrigo has approved your referral and faxed it to BSC, you will be instructed via e-mail to contact the Bureau of Study Counsel to schedule an appointment.

Student Information

Name _____ Referral term _____

Harvard ID number

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(appears on your ID card)

Date of birth _____

Daytime phone number _____

E-mail address _____

Degree program _____ GPA _____

Occupation: _____ Full-time Part-time Other _____

Reason for Referral

Peer tutoring for: Course title _____

Individual 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 _____

Sue Albrigo, Academic Advisor, Undergraduate Degree Programs

Must be faxed to BSC with signature from Sue Albrigo, Academic Advisor, to be valid.