**LSU ADDITIONAL SUPPORT APPLICATION / REFERRAL FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION A: PERSONAL INFORMATION AND CONTACT DETAILS** | | | | |
| **Name and Surname:** |  | | | |
| **Mobile Number:** |  | **Home Tel. Number** |  | |
| **MCAST Email Address:** |  | | | |
| **Institute:** |  | | | |
| **Programme of Study:** |  | | **Class:** |  |

|  |  |
| --- | --- |
| **SECTION B: REQUEST FOR ADDITIONAL SUPPORT** | |
| Dear Sir/ Madam, I would kindly like to request additional support in:   |  | | --- | |  | |  | |  | | |
| Student Signature: | Date: |
| Referee Signature: | Details: |

***FOR OFFICE USE ONLY: This request is being approved on condition that attendance for Mainstream Lessons as well as support is regular throughout the year.***

|  |  |
| --- | --- |
| **Approved By:** | *Name in BLOCK LETTERS* |
| **Signature of LSU Deputy Director:** |  |
| **Date:** |  |