



Office of Counseling & Placement

COUNSELING REFERRAL FORM

Directions: Please give one copy to the student and keep one for your file before faxing, emailing, or interoffice mailing this form.

Name of Student: \_\_\_\_\_

Classification:

- Freshman
Sophomore
Junior
Senior

Student ID Number: \_\_\_\_\_

Major: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature of Referral: Please check the area(s) for which the student is being referred. Provide as much information as possible concerning the student's situation and reason for referral.

- Academic Counseling
Employment Needs
Judicial Requirement
Other (Please specify):
Career Guidance
Personal Counseling
LAP

Comments:

Multiple horizontal lines for entering comments.

For Counseling Office Use Only

Follow-Up Action:

Multiple horizontal lines for entering follow-up actions.

Referred by

Phone #

Date