

**Referral To  
Student Counseling Services  
UTC 211**

*Please complete top half of form. Give one copy to student. Mail one copy to counselor.*

**Referring Person/Department:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Referral to:** \_\_\_\_\_ (Counselor)

**Reason for Referral:**

- Adjustment to College \_\_\_\_\_
- Personal Issue \_\_\_\_\_
- Time Management/Study Skills \_\_\_\_\_
- Financial Issue \_\_\_\_\_
- Other \_\_\_\_\_

-----

***Counselor Please Complete***

**Date referral form received:** \_\_\_\_\_

**Date of meeting with student:** \_\_\_\_\_

**Action taken:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Copy of referral form saved for Student Counseling Center
- Return original to referral source