

University of North Texas at Dallas
Counseling & Wellness Services

REQUEST FOR COUNSELING SERVICES

FRESH SOPH JR SR GRAD (circle one) Today's Date _____
Currently Enrolled: YES NO (circle one)
Major _____ Previously seen here? No ____ Yes ____
GPA _____ If yes, when? _____

Name _____
Student ID# _____ Date of Birth: _____
Address: _____
Telephone: Home _____ Work _____ Cellular _____
UNT e-mail address: _____
Preferred Method of Contact: Phone ____ Cellular ____ e-mail: ____
If necessary, may we leave a message identifying ourselves? Yes ____ No ____

Student's Statement of the Problem
Academic: ____ Personal: ____ Other: ____

In Crisis: Yes No

Additional remarks:

Preferred Meeting Days/Time:

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

How did student find out about Counseling Services, or by whom was she/he referred?
