FORMAN CHRISTIAN COLLEGE (A Chartered University)

University Counseling Center

REFERRAL FORM (For FCC Faculty and Staff only)

Name of the Student: …………………………. Contact #: ……………………… (if any)

Name of the Referee: ………………………….

Contact #: ………………………

Relationship with the Student:  Instructor □  Advisor □  Other □ (Please specify)  

How long have you known the student?

When did you come to know about the student’s concern/problem?

Brief description of the problem:

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Have you seen a change in his/ her behavior?

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On how many occasions have you noticed this problem?

<table>
<thead>
<tr>
<th>ONCE</th>
<th>TWICE</th>
<th>THRICE</th>
<th>MORE THAN THREE TIMES</th>
</tr>
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</table>

Have you talked to the student about this problem?        YES     NO

Have you talked to the student before contacting UCC?      YES     NO

If yes, has the student agreed to talk to the counselor?    YES     NO

___________________  ______________
Signature           Date