



**FORMAN
CHRISTIAN
COLLEGE**
(A CHARTERED UNIVERSITY)



**Campus
Counseling
Center**

Pre-Counseling Form for Students

This information is required primarily for the understanding of your needs, so that a suitable time is arranged for you to meet the Counselor. Remember the information you give will be treated as **CONFIDENTIAL**.

Name: _____ (As per college records) Roll # _____

Date of Birth: _____ Religion: _____

Current Address: _____

Mobile # _____ Email: _____

What is the best way of contacting you? Tick your priority: Phone _____ Email _____

Are you: Intermediate: 1st Year 2nd Year
BA/BS Honors: Freshmen Sophomore Junior Senior
Other (specify) _____

Who suggested you to approach a Counselor?

No one (self referral) Friend Family Instructor Advisor Other (specify).....

In case of emergency please provide us with information of your family members we could contact:

Name: _____ Relation: _____ Contact #: _____

Please *specify* or *tick* your **availability** below for the counseling session(s):

TIME	9.00-10.00	10.00-11.00	11.00-12.00	12.00-1.00	2.00-3.00	3.00-4.00	4.00-5.00
MONDAY							
WEDNESDAY							
FRIDAY							

TIME	9.00-9.30	9.30-10.45	11.00-12.15	12.30-1.45	2.00-3.15	3.15-5.00
TUESDAY						
THURSDAY						

Briefly describe your reasons for approaching the CCC.

Is there anything else you think the Counselor should know?

Signature: _____

Date: _____

For CCC use only:

Date Form Received:

Appointment arrangements made:

Any additional information: