

# Student Counseling Request Form

## Student Details

Name: \_\_\_\_\_

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

Grade/Year: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

## Type of Counseling Requested

- Academic Guidance
- Emotional/Personal Support
- Career Advice
- Peer/Relationship Issues
- Other (Specify): \_\_\_\_\_

## Preferred Counseling Date and Time

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## Reason for Request

Please describe the reason for requesting counseling:

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## Additional Information

Do you prefer in-person or virtual counseling?

- In-Person
- Virtual

Any specific counselor preference? \_\_\_\_\_

**Acknowledgment**

I confirm that the information provided is accurate and complete.

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_