**Chang Gung University Student Guidance Section Reservation for Counseling/Consultation services**

Date: Y/ M/ D

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| Name： | | | Dept.: | | | ID Number: | | | | Sex: □M □F | | |
| Mobile phone： Tel(Dorm)： | | | Date of Birth:  Y/ M/ D | | | e-mail: | | | | | | |
| Have you been to the Student Guidance and Counseling Section ：  □ Never □ Yes:Name of my counselor | | | | | | | | | | | | |
| How did you know our services:  □intiated by yourself □ introduced by upperclassmate(s) or classmates  □referred by staff/Faculty □Dept.Guidance teacher □ Dept.Supervisor  □our website or flyers □participated in our activities □other | | | | | | | | | | | | |
| What’d I like to talk about：  □Self explore □Emotoinal troubles □Psychiaty Disorders  □Romantic Relationship □Career development □Crisis/Emergency  □Interpersonal Relationship □Leaning Difficulties □testing services  □Familial Relationship □Life Adjustment □other | | | | | | | | | | | | |
| your available time(multiple choices) | | | | | | | | | | | | |
| Day\Time | 09-10 | 10-11 | | 11-12 | 13-14 | | 14-15 | 15-16 | 16-17 | | 18-19 | 19-20 |
| Mon |  |  | |  |  | |  |  |  | |  |  |
| Tue |  |  | |  |  | |  |  |  | |  |  |
| Wed |  |  | |  |  | |  |  |  | |  |  |
| Thd |  |  | |  |  | |  |  |  | |  |  |
| Fri |  |  | |  |  | |  |  |  | |  |  |

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**Chang Gung University Student Guidance Section**

**Reservation for Counseling/Consultation services (student stub form)**

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| --- |
| Name： Counselor： |
| Date of Reservation： Y/ M/ D/ Time： |
| Location：□Student Activity Center (2nd floor)  □places a certain college provides |
| If you any reason a session might be canceled, please inform SGC by phone or reschedule your appointment in advance  TEL：(03)211880\*2030、2031；(03)2118416  Email:conpsy@mail.cgu.edu.tw |