



Request for Services Form

(This Form may be completed and submitted by anyone in the campus community)

For emergency services, please call 735-5555 or go to the Student Support Services, Building B

Thank you for your request for services from the Assessment & Counseling Department. Please complete all necessary and relevant information on the form and deliver to Suite 2133 in the Student Services & Administration (Building 2000). If this is a request for services for a student, please provide the student with a copy of this Request for Services Form to bring to the initial appointment/meeting with the counselor.

Student/GCC Employee Information:

Name (First & Last): _____

Student/GCC Employee I.D. Number: _____ Telephone: _____

E-mail: _____

Type of Service Requested:

Date of Request: _____

- | | |
|---|--|
| <input type="checkbox"/> Pre-Enrollment Counseling | <input type="checkbox"/> Student Advocacy |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Academic Difficulty |
| <input type="checkbox"/> Academic Advisement | <input type="checkbox"/> Academic Probation |
| <input type="checkbox"/> Personal Life Issues | <input type="checkbox"/> Academic Dismissal |
| <input type="checkbox"/> Schedule GCC Postsecondary English/Math Placement Test | <input type="checkbox"/> Grievance |
| | <input type="checkbox"/> Other: _____ |

Presentation /Date & Time of Presentation _____

Request for Workshops /Date & Time of Workshop _____

Topic(s): _____

Please summarize below your concerns/reasons for the request and include a description of any relevant information about this student, the situation, and/or the type of service needed.

Receipt of services by any student referred is strictly voluntary.

Referring Person Information:

- Self GCC Faculty GCC Support Staff GCC Administrator

Name: _____ Contact Information: _____

Receiving Counselor: _____ Date Seen: _____



Comments:

Action Taken:

Disposition: