



Student Counseling Form

Student Name			
Student Number			
Course			
Subject Name/Code	Term		
Counselor			
Location	Time	Date	
Other Parties Present During Session			

Reason(s) for counseling/meeting

Student Response

Recommended Action and Follow-Up

<p>_____</p> <p>Counselor's Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>	<p>_____</p> <p style="text-align: right;">Student's Signature</p> <p>_____</p> <p style="text-align: right;">Date</p>
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