



Fayetteville Technical Community College

Counseling Services Referral Form

TO: Director of Counseling Services

FROM: Staff/Faculty:
Department:

DATE:

REFERENCE: Student:
Datatel ID:

REASON(S) FOR REFERRAL

- Absences – provide dates
- Academic Counseling (i.e. low grades, etc.)
- Vocational Counseling (i.e. curriculum or career alternatives, etc.)
- Personal Counseling
- Other – Please specify

Please specify the issues you have addressed and attempted to resolve **with** the student.

Comments – Counseling Services

Original – Counseling Services, Copy – Student