

ANNEXURE A

Gopinath PG College

(Salamatpur, Uttar Pradesh 275201)

Counseling Request Form

Purpose: This form allows students to request counseling services for academic, career, personal, or psychological support. All information is **confidential**.

Online link to Submit the Request :

https://docs.google.com/forms/d/e/1FAIpQLSdl7Uaz3OJJpH77dk9AADfbyDRzXJF0xnKi6ZNYdLkNjfd9YA/viewform?usp=pp_url

Student Details

Field	Details
Name of Student	_____ -
Enrollment Number	_____ -
Course & Year	_____ -
Department	_____ -
Contact Number	_____ -
Email ID	_____ -
Preferred Mode of Counseling	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Phone

Type of Counseling Requested

(Please tick the relevant option)

- Academic Counseling
 - Career Counseling / Internship Guidance
 - Personal / Psychological Support
 - Peer Mentoring
 - Other: _____
-

Brief Description of Issue / Support Needed

(Please provide a short description of your concern or the support you are seeking)

Preferred Time / Schedule for Counseling Session

Date: _____

Time: _____

Student Declaration

I hereby declare that the information provided above is **true and accurate** to the best of my knowledge. I understand that all counseling sessions will be **confidential**, and the information provided will be used solely for the purpose of providing support.

Signature of Student: _____

Date: _____

For Office Use Only

Field	Details
Received By	_____ _____

Date Received	_____ -
Session Scheduled Date & Time	_____ -
Counselor Assigned	_____ -
Follow-up Required	<input type="checkbox"/> Yes <input type="checkbox"/> No

