



Fayetteville Technical Community College

Counseling Services Referral Form

TO:

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
