**Referral Form**

Thank you for cooperating with **Wenzhou-Kean University Suntree Counseling Center**.

Please email to counselingcenter@wku.edu.cn

We will get back to you in 3 business days.

**REFERRING PROVIDER INFORMATION:**

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STUDENT’S BASIC INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

Student ID：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**THE DESCRIPTIONS OF THE REFERRAL:**

Occurrence of the event:

Reasons to make the referral（we may contact you for more details if needed）:

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**FOLLOW-UP PROCEDURES (\*filled up by counseling center):**

Assessment from Counseling Center:

Follow-up procedures and further suggestions:

Signature: Date：