



PEP PROGRAM STUDENT REFERRAL FORM

Student's Name: _____ **Student ID:** _____

DOB: _____ **Age:** _____ **Gender:** _____

CIU Email Address: _____

Phone: _____ (H) _____ (W) _____ (Cell)

Permission to leave a voice message or a counseling-related email? ___ Yes ___ No

Type of Referral: ___ Self-initiated/voluntary ___ From Other Referral Source

Referral Source: Include the following information of person making the referral if other than self:

Name: _____ Dept. _____

Contact Information: _____ (phone) _____ (email)

Reason for Referral:

___ Academic ___ Social ___ Family ___ Personal ___ Spiritual

Other Areas of Concern:

Student Availability: Days M _____ T _____ W _____ H _____ F _____
Evenings M _____ T _____ W _____ H _____ F _____

Date of Request for Counseling: _____

Please do not write below this line

Assignment: PEP Counselor Name _____ Date Assigned _____

PEP Counselor Availability:

Days M _____ T _____ W _____ H _____ F _____
Evenings M _____ T _____ W _____ H _____ F _____

Contacts by Date, PEP Counselor, and Outcome

