

# Wenzao Ursuline University of Languages Counseling Center

## Transfer Form

※Please ask for an appointment card to the students and to encourage students to appointment for counseling after Transfer completion.

month, day/ year

Applicant	Name	Department	Phone ( Ext or Cell )
<b>Student Data</b> <input type="checkbox"/> general <input type="checkbox"/> Transfer <input type="checkbox"/> returning <input type="checkbox"/> -probation <input type="checkbox"/> <b>absenteeism</b> - <input type="checkbox"/> 1/2 <u>fail</u>	<b>Name</b>	<b>class</b>	<b>Phone</b>
	<b>Student ID</b>	<b>Birthday</b>	<b>Guardian ( Name and Phone )</b>
	<b>Residential Address</b>		<input type="checkbox"/> Live with parents <input type="checkbox"/> Live with friends <input type="checkbox"/> Dorm room <input type="checkbox"/> Renting
	<b>Census Address</b>		

1. **The reason and main problem.** (Please write on the back or use another paper, if the space is not enough.)

2. **Transfer reason.** (Specific assistance needs.)

3. **Reply summary.** ( written by therapists )

Reply time : \_\_\_\_\_ month, day/ year, morning / afternoon / night,  
 \_\_\_\_\_ a.m/p.m.- \_\_\_\_\_ a.m/p.m.

<b>Undertakes the personnel (month, day/ year)</b>	<b>Therapists</b>	<b>Appointment date and time</b>
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