

STUDENT CONTACT INFORMATION				Today's Date (mmm/dd/yyyy)	
First Name				Last Name	
Address While in School				Unit/Suite	
City		Province		Postal Code	
Primary Number	<input type="checkbox"/> OK to leave message			Alternate Number	<input type="checkbox"/> OK to leave message
Preferred Email					<input type="checkbox"/> Permission to Contact

DEMOGRAPHIC INFORMATION			
Date of Birth (mmm/dd/yyyy)		Aboriginal Origin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender		Languages Spoken	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify)

ACADEMIC INFORMATION					
Student Number		Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	<input type="checkbox"/> Continuing Ed <input type="checkbox"/> Second Career	<input type="checkbox"/> Alumni <input type="checkbox"/> Prospective
Program/Course Name				Semester	
What Other Campus Resources Are You Currently Accessing?	<input type="checkbox"/> Counselling Centre <input type="checkbox"/> Centre for Students with Disabilities <input type="checkbox"/> Aboriginal Education Services <input type="checkbox"/> Academic Advising <input type="checkbox"/> Enrolment Services/Financial Aid <input type="checkbox"/> Other (specify)	<input type="checkbox"/> International Education <input type="checkbox"/> Career Services & Co-op <input type="checkbox"/> Peer Mentoring (STAMP) <input type="checkbox"/> Peer Tutoring/Learning Centre <input type="checkbox"/> Student Relations	<input type="checkbox"/> Athletics & Wellness <input type="checkbox"/> Community Outreach <input type="checkbox"/> Residence <input type="checkbox"/> Safety & Security <input type="checkbox"/> Student Association		

REASON FOR VISIT		
Reason for Visit		
Who Referred You to the Counselling Centre?	<input type="checkbox"/> Self <input type="checkbox"/> Friend/Family <input type="checkbox"/> Faculty <input type="checkbox"/> Academic Advisor	<input type="checkbox"/> Student Relations <input type="checkbox"/> International Education <input type="checkbox"/> Centre for Students with Disabilities <input type="checkbox"/> Enrolment Services
	<input type="checkbox"/> Financial Aid <input type="checkbox"/> Residence <input type="checkbox"/> Safety & Security <input type="checkbox"/> Other	

EMERGENCY CONTACT INFORMATION		
Contact Name		
	<input type="checkbox"/> Permission to Contact	
Contact Number		Relationship