長榮大學轉介表CJCU Referral Application Form

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| **班級**  **Department/grade** |  | | **學號**  **Student ID** | |  | | **姓名Name** |  |
| **連絡電話Tel** |  | | | **e-mail** |  | | | |
| 問題分類Issues (可複選multiple response) | | | | | | | | |
| □生活輔導面 Life guidance sector  □課業輔導面 Academic guidance sector  □職涯輔導面 Career guidance sector  □身體健康輔導面 Physical health guidance  □心理輔導面 Psychological health counseling | | | | | | | | |
| 轉介Referral to | | | | | | | | |
| □導師Advisors | | □行政人員Administration | | | | □牧師Reverends | | |
| □生活導師Life Tutors | | □授課教師Lectures | | | | □健康師Nurses | | |
| □心理師Counselors | | □職輔老師Career Consult Teachers | | | | | | |
| 問題簡述與希望協助事項Describe Student’s Issues and Expectation：  **※本人已確實告知輔導學生，將進行轉知輔導作業 I’ve taken the permission from student to do the referral.**  簽章Signature： 聯絡電話Tel： 日期Date： | | | | | | | | |
| ※以下欄位由**受轉介單位**填寫。The platform below is for **Referral Response**. | | | | | | | | |
| 處理摘要Referral Abstract：  **※請簽章並標註日期與聯絡電話 Signature/Date/Tel** | | | | | | | | |
| 主管簽核Director’s Signature： | | | | | | | | |

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| **諮商中心承辦人**  **Case Officer of Counseling Center** | **諮商中心主管**  **Director of Counseling Center** | **學務長**  **Vice President for Student Affairs** |
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維護學生隱私請以密件處理！本表如不敷使用，請以A4紙張黏貼於後。

All information should be extremely confidentially proceeded. If the space is not enough, please writing on A4 paper and paste it behind the form.