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.