

Counseling Services Referral

For: _____ From: _____ Date: _____
(Student Name) *(Faculty/Staff Name)*

I believe this student would benefit from talking with a Counselor about...

Improving academic progress Managing stressful situations Personal concerns Other: _____

Counseling Services Locations		
<p style="text-align: center;">Cato Campus</p> <p style="text-align: center;">Student Success Center Cato I, Lobby 704.330.2722, ext. 7801</p>	<p style="text-align: center;">Central Campus</p> <p style="text-align: center;">Counseling & Advising Central High 365 704.330.6433</p>	<p style="text-align: center;">Harris Campus</p> <p style="text-align: center;">Student Success Center Harris 1, Lobby 704.330.2722, ext. 7631</p>
<p style="text-align: center;">Harper Campus</p> <p style="text-align: center;">Student Success Center Harper, 2nd floor 704.330.2722, ext. 7439</p>	<p style="text-align: center;">Levine Campus</p> <p style="text-align: center;">Student Success Center Levine, 2nd floor 704.330.4267</p>	<p style="text-align: center;">Merancas Campus</p> <p style="text-align: center;">Student Success Center Claytor Building 704.330.4101</p>

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