| 16401 NW 37th Avenue  Miami Gardens, FL, 33064  305-625-6000  www.stu.edu | St. Thomas University |
| --- | --- |

Student Referral

| To: | Mrs. Bedoya, LMHC | From: |  |
| --- | --- | --- | --- |
| Student Name: |  | Student ID # |  |
| Phone: |  | Date |  |
| CC: |  |  |  |

| 🞎 Urgent | 🞎 Call for appointment | 🞎 Request Student/Professor Conference | 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- |

Please describe the reason for your referral to the Student Counseling Center. (Please provide a general description for confidentiality purposes).