Counselor Change Request Form

*Note: Changing may result in delayed appointments

Name: ____________________________ Phone #: __________________

KSU Number: ______________________ Today’s Date: ________________

Current Counselor’s Name: __________________________

Please explain your reason for requesting a change. Please be as detailed as possible to help us determine if a change is warranted and if there is another counselor who can meet your needs.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Have you attempted to speak with your current counselor about this?  Yes  No

Is there something your counselor could do differently, that would be helpful?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

What is your availability to see a counselor? (Best days/times for you)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Note: You may only request one change. Any additional requests will be fulfilled by referral to an off-campus provider.