

Counselor Change Request Form

***Note: Changing may result in delayed appointments**

Name:

KSU Number:

Current Counselor's Name

If selected Intern, please type their name here:

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)

For Office Use Only:

Outcome of Request:

Completed By:

Date:

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