

# Saraswati College of Education

(12 km Stone, Tosham Road Near Mirkan Bus stoppage Hisar, 125001 Haryana)

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## Counseling Request Form

**Purpose:** This form allows students to request counseling services for academic, career, personal, or psychological support. All information is **confidential**

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### ANNEXURE A

#### A. Student Information

Full Name of Student:

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University / College Enrollment No.:

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Programme & Academic Year:

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Subject / Department:

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Contact Number:

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Email Address:

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Preferred Counseling Mode:

Face-to-Face

- Online (Video / Digital)
  - Telephonic
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## B. Nature of Support Required

*(Please select the most appropriate option)*

- Academic Guidance & Learning Support
  - Career Planning / Internship / Teaching Practice Guidance
  - Personal or Emotional Well-being Support
  - Faculty / Peer Mentorship
  - Any Other Concern (please specify): \_\_\_\_\_
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## C. Brief Description of Concern

*(Kindly provide a short note outlining the issue or assistance required. Detailed information is not mandatory.)*

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## D. Preferred Schedule for Counseling Session

Proposed Date: \_\_\_\_\_

Preferred Time: \_\_\_\_\_

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## E. Student Consent & Declaration

I hereby affirm that the information furnished above is correct to the best of my understanding. I am aware that all counseling interactions will be treated with strict confidentiality and that the information shared will be utilized only for the purpose of providing appropriate academic, personal, or professional support as per institutional norms.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_