

**MISSISSIPPI VALLEY STATE UNIVERSITY**  
**STUDENT COUNSELING CENTER**

**Student Referral Form**

**REFERRAL GUIDELINES**

1. To refer a student, please complete this form and return it to the Counseling Center.
2. If the situation is urgent, or need immediate attention, please call the Counseling Center at 662-254-4803 or 662-947-1675
3. Please note that the counselors will not be able to share any information about the students including whether or not a student is being seen or has made an appointment without the student's written consent.
4. Please do not question the student for information after he/she has returned from the counseling session. Generally, if you ask whether the appointment was kept, the student will volunteer whatever information he/she deems appropriate.
5. Please provide specific and detailed information of the incidents or behaviors that resulted in the student being referral.

**STUDENT BEING REFERRED**

Student's Name \_\_\_\_\_

ID# \_\_\_\_\_ Major : \_\_\_\_\_ Classification: \_\_\_\_\_

**FACULTY/STAFF MAKING THE REFERRAL**

Employee Name \_\_\_\_\_ Date: \_\_\_\_\_

Faculty or Staff: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reason for Referral: *(Please attach a detailed summary of the incidents or behaviors that resulted in the student being referred).*

Have you had a conversation with this student about your concerns?    \_\_\_ Yes    \_\_\_ No

Faculty/Staff Signature: \_\_\_\_\_

**TO BE COMPLETED BY COUNSELING STAFF**

Did the student keep his/her appointment?    \_\_\_ Yes    \_\_\_ No

Action Taken: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_