



Godfrey Okoye University Counselling Services.
Department: Sociology/Psychology
Faculty of Management and Social Sciences
Enugu. Nigeria.

REFERRAL FORM:

Referred by (Parent, school representative, class mate) (tick)

First name:

Last Name:

Year of studies:

Email (if any):

Phone number:

Date of birth of the client:

Date of referral:

IF NOT REFERRED BY ANY ONE BUT BY SELF;

First Name:

Last Name:

Date of Birth:

Phone number:

Year of studies:

Email (if any):

Date of filling the form:

Please submit this form to our Psychology Clinic, located at Faculty of Management and Social Sciences.

NB: Also feel free to visit counseling Centre of the University in person at any time of your choice.