BANDIRMA ONYEDI EYLUL UNIVERSITY
PSYCHOLOGICAL COUNSELING AND GUIDANCE UNIT

STUDENT APPLICATION FORM

Name - Surname:	Department / Class:
Date of Birth:	Country / Region:
Phone Number:	Email Address:
Which dorm/hostel are you staying in?	
A family member's phone number:	

What is your reason for applying to our department?

How long have these problems been going on?

For the last month ☐ 1-6 months ☐ 6 months 1 year ☐ 1-5 years ☐ More than 5 years ☐

How much do these problems affect your life?

(Not at all) ☐ (A little) ☐ (Moderately) ☐ (Much) ☐ (A great deal) ☐

Please briefly state your expectations from our department.

Have you ever received psychological or psychiatric help?
No ☐ Yes ☐
If yes,
Who did you meet with, in what year, and for how long?

Have you ever taken any psychiatric medication before?
No ☐ Yes ☐
If yes,
Please state the name and dosage of the medication(s).

Are you currently taking any psychiatric medication?
No ☐ Yes ☐
If yes,
Please state the name and dosage of the medication(s).