



We've Got You!

Student Counseling Request Form

We care. We see you. If you have any of these concerns, we're here to guide and support you.

Date: _____

Name: _____

Student ID (if applicable): _____

Contact Information (optional): _____

How are you feeling today?

- Great
- Okay
- Not so good
- Really struggling

What would you like help with? (Check all that apply)

- Stress or anxiety
- Academic pressure
- Relationship or family concerns
- Homesickness or loneliness
- Mental health / emotional well-being
- Need an accommodation

- Career or future planning
- Financial worries
- Other: _____

How urgent is your concern?

- I need to talk to someone soon (within a day or two)
- I can wait a few days
- Just wanted to share, no rush

Preferred way to talk:

- In-person
- Video call
- Phone call
- Email / text message

Anything you'd like to share with us:

We're here for you.

Return this form to our Student Services Coordinator at student.services@tbiil.edu. Someone from our counseling team will reach out to you as soon as possible. You are not alone!