



CONFIDENTIAL



**Counselling & Placement Centre (CPC)**  
Bangladesh University of Professionals (BUP)

CPC ID no. (office use only):

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**Referral Form**

<b>Information of the Referrer</b> Name: Faculty/Dept/Office: Designation: <input type="checkbox"/> Registrar <input type="checkbox"/> Dean <input type="checkbox"/> Chairman <input type="checkbox"/> Faculty Mobile:	<b>Information of the Individual</b> Name: Department/Office: ID/BUP number: Semester: Mobile: E-mail:
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**Referring for:**

**Academic & Socio-Emotional Counselling**

Issues need to be addressed for socio-emotional counselling:

Depression

Anxiety

Stress

Other (specify):

**Academic & Career Counselling**

Issues need to be addressed for academic and career counselling:

Academic and Career Guidance

Inter/Intrapersonal Relationship

Placement and Higher Education Guidance

Other (specify):

**Notes:**

**1. Did you have any discussion with the individual about the presenting symptoms/concerns?**

Yes

No

Not applicable

**If yes, what was the outcome of that discussion?**

Little improvement

No improvement

Other (specify):

**2. Did you tell the individual about referring him/her to the CPC?**

Yes

No

**If yes, how interested was the individual to attend the counselling session?**

Not at all

A little

Very much

Other (specify):

**What socio-emotional, academic, and career changes do you expect from the counseling process?**

***I will not discuss the issue of the individual in public and maintain confidentiality of the referral process.***

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

Signature of the referrer: \_\_\_\_\_