TRiO Student Support Services

THE UNIVERSITY of TENNESSEE MARTIN

Request for Counseling

Date of Request: _____

Name: _____ Student ID # _____
Last First MI

Date of Birth: _____ Email: _____

UT Martin P.O. Box _____

Permanent Address _____
Street City State Zip

Local Phone # _____ Permanent # _____

Work # _____ Cell # _____

Alternative Contact Information: _____

_____

TRiO Advisor: _____ Academic Advisor: _____

Select Counseling Services Needed:

- ❑ Academic Advising
- ❑ Career Counseling
- ❑ Financial Counseling
- ❑ Personal Counseling
- ❑ Other (explain below) _____

_____

Brief Description Specific to Need: _____

_____

_____

Student Signature _____ *Date* _____

Please return application to:

The University of Tennessee at Martin
TRIO Student Support Services
210 Hurt Street
Clement Hall 210
Martin, TN 38238

Campus Location: 210 Clement Hall
Phone: (731) 881-3100
Fax: (731) 881-1886

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