

Counseling Assessment

It is required that the individual sanctioned to meet with a member of the SUNY Cortland Counseling Center Staff or a licensed mental health counselor of their choosing and verify on this form that the meeting took place. Both signatures are required. This form should be returned to 405 Corey Union or by emailing at student.conduct@cortland.edu no later than the specified due date.

By signing this form I verify that a meeting was completed as assigned.

Student Name (Printed)

Student Signature

Date

Student ID

Counselors Name (Printed)

Counselors Signature

Date

This form is due to Student Conduct by _____