**Yeditepe University Faculty of Health Sciences Nursing Department**

**Academic Counseling Student Information Form**

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| --- | --- | --- |
| Advisor's Name and Surname |  | |
| Date |  | |
| Student Name and Surname |  | |
| Student number |  | |
| Department Registration Date |  | |
| Phone number |  | |
| Address |  | |
| E-mail |  | |
| The nature of the place of stay (dormitory, with family, alone, etc.) |  | |
| **PERSONAL INFORMATION ABOUT THE STUDENT** |  | |
| A chronic health problem | ( ) No ( ) Yes Explain | |
| Disability situation | ( ) No ( ) Yes Explain | |
| Medication he constantly uses | ( ) No ( ) Yes Explain | |
| Housing problem | ( ) No ( ) Yes Explain | |
| Scholarship requirement | ( ) No ( ) Yes Explain | |
| Need for social support | ( ) No ( ) Yes Explain | |
| Need for psychological support | ( ) No ( ) Yes Explain | |
| Problem with the study environment | ( ) No ( ) Yes Explain | |
| Another problem stated | ( ) No ( ) Yes Explain | |
| Disciplinary punishment | ( ) No ( ) Yes Explain | |
| Scholarships | ( ) No ( ) Yes Explain | |
| Scientific Activities Attended (Last 1 Year) |  | |
| Social Activities Attended (Last 1 Year) |  | |
| Clubs of membership |  | |
| **ACADEMIC AVERAGE** | **SPRING** | **FALL** |
| 1 YEAR |  |  |
| 2 YEARS |  |  |
| 3 YEARS |  |  |
| 4 YEARS |  |  |