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

**Academic Counseling Student Information Form**

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| --- | --- |
| Consultant Name Surname |  |
| Date |  |
| Student Name Surname |  |
| Student number |  |
| Registration Date to the Department |  |
| Phone number |  |
| address |  |
| Email |  |
| The characteristics of the place of residence (dormitory, with family, alone, etc.) |  |
| **PERSONAL INFORMATION ABOUT THE STUDENT** |  |
| a chronic health problem | ( ) No ( ) Yes Explain |
| Disability situation | ( ) No ( ) Yes Explain |
| Continuous medication | ( ) No ( ) Yes Explain |
| Shelter problem | ( ) No ( ) Yes Explain |
| scholarship requirement | ( ) No ( ) Yes Explain |
| Social support need | ( ) No ( ) Yes Explain |
| Need for psychological support | ( ) No ( ) Yes Explain |
| The problem with the study environment | ( ) No ( ) Yes Explain |
| Another problem mentioned | ( ) No ( ) Yes Explain |
| Disciplinary punishment | ( ) No ( ) Yes Explain |
| Scholarships | ( ) No ( ) Yes Explain |
| Scientific Events Attended (Last 1 Year) |  |
| Social Events Attended (Last 1 Year) |  |
| Clubs he is a member of |  |
| **ACADEMIC AVERAGE** | **SPRING** | **AUTUMN** |
| 1 YEAR |  |  |
| 2 YEARS |  |  |
| 3 YEARS |  |  |
| 4 YEARS |  |  |