Request for Information – Monsour Counseling Center

The student named below has presented a petition to the Academic Procedures Committee of Pomona College. Answers to the following questions are necessary for petitions based on experience of or treatment for psychological difficulties or conditions; additional information that is relevant should be appended.

You may complete this form on your computer and email it to registrar@pomona.edu; or complete it in hard-copy format and fax to 909-621-8671. We appreciate your prompt reply.

STUDENT NAME: ________________________________

1. When did the student first seek the services of Monsour Counseling Center for this problem, and what was the nature of the condition reported? ________________________________

2. How many times have you seen the student? _______ When did you last see the student prior to this request? ________________________________

3. In your view, does the student’s situation or condition create a disability for performing academic work? ________________________________

4. Did you specifically advise the student to avoid activities that would realistically limit his or her academic work? ________________________________

5. For students who have no history of treatment prior to the one visit, did you refer the student to a psychologist or psychiatrist for evaluation, medication, or hospitalization? ________________________________

__________________________________________________ Signature __________________________ Date __________________________ Title __________________________

Email address __________________________ Phone __________________________

May we call you? Y / N Best time to call __________________________

I authorize the Monsour Counseling Center to release information to the Academic Procedures Committee of Pomona College relating to the above questions.

STUDENT NAME: ________________________________ DATE: __________________________

STUDENT SIGNATURE: ________________________________