

PSYCHOLOGICAL COUNSELING UNIT APPLICATION FORM

After submitting your application, a meeting time will be scheduled as soon as possible and will be returned to your university email address.

Please indicate the most available time, day, and hours for you in the session days and hours selection at the end of the application form. It speeds up the process of the session with you. (For example, Mon. 15.00-17:00, Wednesday 13:00-16.00, etc.) If you do not attend your first session without notice, your request for help is considered. In this case, you must repeat your application.

The decision of frequency and duration of the interviews depends on your needs and expectations, the term, and the availability of the unit.

In case of emergency, you can come to the PDB during working hours without prior contact, and out of working hours, you can apply to the nearest health institution.

You need to fill in the application form and send it to pdb@istinye.edu.tr e-mail address.

Name – Surname	
Application Date	
E-mail	
Phone Number	
Date of Birth	
Gender	

Fill in the appropriate section for you

A. Student	
Faculty / MYO / Institute	
Department / Program	
Class	

B. Academician			
Faculty / MYO / Institute			
Department / Program			
Duy / Title			

C. Administrative Staff			
Directorate			
Unit			
Duty / Title			



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Have you received psychological/psychiatric help before?	Yes ()	No ()	
Please briefly explain your reason for applying to the psychological counseling service			
	Friends ()		
How did you be informed about psychological	Referral from the health unit (Infirmary) ()		
counseling services?	Referral from administrative personnel ()		
	Referral from academician ()		
	Other ()		

Please indicate the day and time you want to meet:						
Monday	Tuesday	Wednesday	Thursday	Friday		
Hours:	Hours:	Hours:	Hours:	Hours:		