

## **AVC COUNSELING CENTER**

RECEIVED_	
STAFF	
INITIALS	

## For Review by The Dean of Counseling and Matriculation

DATE:	
<b>STUDENT ID#:</b> 9 0 0	
NAME:	4 4
NAME:(Last) (First)	(MI)
DATE OF BIRTH:	CONTACT PHONE:
TERM: REASON FOR VISIT:	
· ·	

## Dean's Decision: ☐ Units increase to \_\_\_\_\_ Term 20\_\_\_\_ ☐ May not increase units. OTHER: Dean's Signature Date Processed By: \_\_\_\_\_\_ ☐ Remove Hold Notified By ☐ Placed Hard Hold ☐ PHONE Term 20 ☐ E-MAIL ☐ No Action Taken **Time Stamp:**

FOR OFFICE USE ONLY: