



CITY UNIVERSITY OF NEW YORK

The Wellness Center
Student Counseling Services
Room 6422
212.817.7020
212.817.1602 (fax)
wellness@gc.cuny.edu
http://cuny.is/wellnesscenter

WORKSHOP APPLICATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMPL I.D. Number \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Level: \_\_\_\_\_ Years in Program: \_\_\_\_\_

Which workshop(s) are you signing up for? \_\_\_\_\_

How did you hear about the workshop(s) you are signing up for?

Email: \_\_\_\_\_ Flyer: \_\_\_\_\_ Digital Sign: \_\_\_\_\_ Word of Mouth: \_\_\_\_\_ Social Media: \_\_\_\_\_

Other: \_\_\_\_\_ (please specify \_\_\_\_\_)

Have you attended a workshop through Student Counseling Services previously? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, which one(s)? \_\_\_\_\_ When? \_\_\_\_\_

Have you sought other services through Student Counseling Services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe: \_\_\_\_\_ When? \_\_\_\_\_

Our office will contact you prior to the workshop date(s) to confirm your registration. If you have questions, please call us at 212-817-8731 and leave a message. Your call will be returned promptly.

Please return this form to Student Counseling Services at the Wellness Center, Room 6422 (email/fax is also acceptable). You must have your student I.D. with current validation sticker available to present.

These programs are offered as educational workshops, and are in no way to be construed as psychological services or psychotherapy.