

AVC COUNSELING CENTER

RECEIVED_	
STAFF	
INITIALS	

For Review by The Dean of Counseling and Matriculation

DATE:	
STUDENT ID#: 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: