



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: _____

Banner 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.