



Substance Use/Abuse Internal Referral Form

Student Name			Date of Referral		
Student's ID		Phone		Email	

REASON FOR REFERRAL:

Students referred to the University Counseling Center for Substance Use/Abuse related issues agree to the following terms and conditions:

1. To be counseled by the University Counselors for Substance use/abuse for a mutually agreed upon number of sessions.
2. To comply with all rules and regulations of the counseling center.
3. To complete the 3rd Millennium Classroom online drug AND/OR alcohol education course at the cost of \$35 per program. The program the student will be asked to complete will be based on the substance the student is referred for.

****Students referred to the Counseling Center for substance abuse counseling must bring this form to their initial visit****

Type/Print Student Name

Student Signature

Date