NATIONAL TAIWAN UNIVERSITY
Counseling Evaluation Form

This form is only intended to serve as a reference for the Office of Student Affairs and Student Disciplinary Committee and shall not be provided to the student for viewing. The Student Counseling Center is required to seal this form and submit it to the student's academic advisor, who shall affix their signature, seal the form again, and submit it to the Student Assistance Division, Office of Student Affairs.

Date: ____/____/_____ (MM/DD/YYYY)

Student's Name	Academic Program and Year of Study	Student ID No.	Gender	Psychological Counseling Period
				From ____/____/_____ to ____/____/_____ (MM/DD/YYYY)
Student Counseling Center Evaluation	Please summarize the student's counseling sessions and detail the improvements that the student has made. Signature: _____			
Director of the Student Counseling Center (signature)		Academic Advisor (signature)		

Note: Assessment forms shall be filled out for students facing penalties who require psychological counseling and shall be submitted by the Student Counseling Center, Office of Student Affairs in accordance with Article 5, Subparagraph 6 of the NTU *Directives for Expunging Student Disciplinary Records*.