



# GEORGIA CHRISTIAN UNIVERSITY

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## Student Counseling Log

Professor's Name: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Student's Contact Number(s): \_\_\_\_\_

Date & Time of Visit: \_\_\_\_\_

<b>Issue</b>	
<b>Follow-Up</b>	
<b>Areas of Support Needed (if any)</b>	
<b>Remark</b>	

Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_