GEORGIA
CENTRAL UNIVERSITY

6789 Peachtree Industrial Blvd., Atlanta, GA 30360
Tel) 770-279-0507 Fax) 770-220-7930

Student Counseling Log

Professor's Name: ___________________________ School: ______________________________

Student Name: ________________________ Degree Program: _____________________________

Student's Contact Number(s): ____

Date & Time of Visit: ____

Issue	
Follow-Up	
Areas of Support Needed (if any)	
Remark	

Professor's Signature: _______________________________ Date: ___________________________