



REQUEST FOR SERVICE

Academic Success Centre

W111PB (HP Centre) 780.378.6133 ssd@nait.ca

Office use only

PLEASE PRINT ALL INFORMATION CLEARLY.

TODAY'S DATE _____ IN-PERSON PHONE CALL E-MAIL

ARE YOU CURRENTLY A REGISTERED NAIT STUDENT? YES NO

NAME _____
(first name) *(last name)*

STUDENT ID # _____ NAIT PROGRAM _____

NAIT CAMPUS MAIN CAMPUS PATRICIA SOUCH

HOME PHONE () _____ CELL PHONE () _____

E-MAIL _____

If an advisor or counsellor cannot see you today, we will try to contact you within two (2) school days.

What is the best way to contact you? HOME PHONE CELL PHONE E-MAIL

FOR COUNSELLING ISSUES:

Is your counselling issue urgent?
 YES NO

Have you seen a NAIT counsellor before?
 YES _____ NO
(NAIT counsellor's name)

FOR DISABILITY ISSUES:

Have you seen a NAIT disability advisor before?
 YES NO

Are you currently receiving disability support(s) at NAIT?
 YES NO

Were you referred to our office? YES NO

If YES, by whom? _____ Why? _____

What is your reason for contacting NAIT's Academic Success Centre today? _____

Student's Signature _____

