

COUNSELLING & CAREER SERVICES CENTRE
International Islamic University Malaysia
Tel:03-64214409
Fax:03-64214868

MEMORANDUM

To : Name & Designation _____
From : Name & Designation _____
Date : _____
Subject : **REQUEST FOR EXTRA ASSISTANCE**

Dear Sir / Madam.,

May I kindly refer you to the above matter.

The below-mentioned client has come to for a counselling/psychotherapy session with me. Based on the session, I personally feel that the client need:

- 1) Counselling/Psychotherapy [] []
- 2) Clinical assessment/diagnosis [] []
- 3) Clinical intervention [] []
- 4) Career counselling [] []

Thank you.

Client's name : _____
Staff / Matric. No : _____ Kull / KCDIO: _____
Contact Number : _____
Summary of Case : _____

Person in Charge: _____ Contact/Ext. Number: _____
(Signature & Official Stamp)

FOR ADMIN USE:

- [] Appointment has been set on _____
- [] Appointment cannot be proceed due to _____

Cc: Director, CCSC