



Okon Psychological Counseling and Education Center (OPDEM) Application Form

1. **Application Date:**

2. **Name and Surname:**

3. **Age:**

4. **Gender:** M() F () Not disclose ()

5. **E-mail:**

6. **GSM:**

7. **Faculty& Department:**

8. **Years of Education:**

Preparatory() 1st year() 2nd year() 3rd year() 4th year() Graduate Studies() Other _____

9. **How did you apply:**

Voluntary visit () Instructor's recommendation () Doctor's recommendation ()

Friend's recommendation () Other () (Please specify: _____)

10. **Have you applied to OPDEM before?** Yes () No ()

If you applied, who did you receive support from? _____ Year: _____

11. **Please briefly state why you are applying to OPDEM:**

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12. **To schedule an appointment, kindly provide the days and hours convenient for you according to your course schedule:**

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Your application and all the information you provide here will be kept confidential and not be shared with anyone other than OPDEM staff.

To make an appointment, fill out this form and send it to opdem@okan.edu.tr

Okon Psychological Counseling and Education Center

Phone: 0216 6771630 – 3634/ 3632/ 2186

Location: Faculty of Education 1st floor, Office A114