



UNIVERSITY OF SANTO TOMAS  
THE CATHOLIC UNIVERSITY OF THE PHILIPPINES  
MANILA, PHILIPPINES

DEPARTMENT OF GUIDANCE & COUNSELING

## APPOINTMENT SLIP

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Course, Year & Section: \_\_\_\_\_

Counselor to visit: \_\_\_\_\_

*(Name of Counselor)*

Preferred schedule: \_\_\_\_\_

*(Date and Time)*

MESSAGE *(if any)*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Signature of Student)*

**UST:SO19-00-F013**