

## Student Counseling Form Questions

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### 1. Personal Information

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

Gender:  Male  Female  Other

Date of Birth (dd/MMM/yyyy): \_\_\_\_\_

Nationality: \_\_\_\_\_

Mobile/WhatsApp Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Academic Information

Current Academic Status:  Master's Student  PhD Student

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

Field of Study (Public Health, Epidemiology, One Health): \_\_\_\_\_

3. Counseling topic: \_\_\_\_\_

### 4. Counseling Venue

In-person (TBD)  Online

### 5. Proposed Counseling Date/ Time

Date (dd/MMM/yyyy): \_\_\_\_\_ Time (hh:mm): \_\_\_\_\_

6. I agree to participate in counseling services:  Yes  No

### 7. Contact Us

For questions about the program, please contact:

 Email: [contact@phd-cambodia.org](mailto:contact@phd-cambodia.org)

 Mobile / WhatsApp: +855 12 662 751

 Website: <https://phd-cambodia.org>