

GARRETT-EVANGELICAL THEOLOGICAL SEMINARY

Counseling Center Verification

Date: _____

Step 1 – Authorizing Signature or E-mail by Faculty: _____

Step 2 – Authorizing Signature by Dean of Students: _____

Step 3 - Name of Therapist (choose from attached list **only**):

Name of Center: _____

Center Address: _____

Telephone Number: _____

Counseling Center Use Only

Make Check Payable to: _____

Tax ID or Social Security Number: _____

G-ET Student Name: _____

Dates Seen: _____ Fee Per Session: \$ _____

_____ Total Due: \$ _____

The seminary reimburses up to \$75 per session for six (6) sessions.

Return completed form to:
Dean of Students
Garrett-Evangelical Theological Seminary
2121 Sheridan Road / P-314
Evanston, IL 60201