Graduate students intending to participate in **Graduate College - Postgraduate Students Support** should complete and submit the application form to [gradcollege@ntu.edu.sg](mailto:gradcollege@ntu.edu.sg).

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| **CONTACT DETAILS** | | | |
| Name in Full |  | | |
| Matriculation Number |  | Admission Year (e.g., Aug/2020) |  |
| School |  | Course (Master by Research /PhD) |  |
| Supervisor |  | Phone number |  |
| Email |  | | |

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| --- | --- | --- | --- |
| **Please select a topic to discuss with the Counselling Expert** | | | |
|  | Stress Management |  | Overcoming Anxiety |
|  | Relationship Issues |  | Academic Concerns |
|  | Family Matters |  | Coping with Depression |
|  | Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Declaration** | |
| By submitting this form, you will be registered as a patient with our external service provider and hereby authorize the external service provider to release a copy of your mental health information to the Graduate College (GC). You also agree and consent to your personal data provided to GC in this form being processed, collected, used, disclosed and/or retained for (a) the purposes of administering the program and in relation to your participation in the same, (b) for GC to conduct of research, analysis and development activities (including data analytics, surveys and/or profiling) to enhance GC programme offerings and operations, and (c) reference and archival purposes, in accordance with NTU policies and processes relating to personal data protection. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |