

San Jose City College  
**EOP&S Student Contact Record**

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ SI#: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Program: \_\_\_\_\_ (e.g. DSP, Puente)

**Summary of Session:**


Please bring this form to every time you see a counselor outside EOP&S. It is the student's responsibility to return this form to the EOP&S office to ensure it gets properly recorded. **REMEMBER...**out of your three appointments, only one can be with a counselor outside EOP&S