



## Palmer Theological Seminary Student Counseling Center and Spiritual Direction Request Form

1300 Eagle Rd. St. Davids, PA 19087 484-678-7573

Date: \_\_\_\_\_ Student Level:  1  2  3 Expected Grad Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_@eastern.edu  
Address: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Major: \_\_\_\_\_ Number of units taken this semester: \_\_\_\_\_ units

### Choose option A or B

#### A. I am requesting Student Counseling:

Have you been in counseling before?  Yes  No If yes, what issues were you addressing then?

\_\_\_\_\_  
Briefly describe what is motivating you to seek counseling at this time:  
\_\_\_\_\_  
\_\_\_\_\_

Would you prefer a male or female counselor?  Male  Female

#### B. I am requesting Spiritual Direction & Formation:

Number of years you have been a Christian: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Please provide a brief description of your faith journey:  
\_\_\_\_\_  
\_\_\_\_\_

What has you seeking spiritual direction/formation at this time?  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to receive from the experience?  
\_\_\_\_\_  
\_\_\_\_\_

#### C. Determination of Fee for Counseling or Spiritual Direction

The fee you will pay is determined by your financial need as reported above and confirmed by the Financial Aid office. If you have any questions please contact Dr. Pretz.

Do you receive financial aid from the seminary?  Yes  No

What is your gross annual income? (if married, note combined income) \_\_\_\_\_

Please complete the form and place it in an sealed envelope and send it to Dr. Tim Pretz through campus or regular mail. Dr. Pretz will contact you via phone/email with contact information of a spiritual director/counselor for you to contact directly to schedule a session.

**Dr. Tim Pretz**, Coordinator of Student Counseling and Spiritual Direction Services  
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[tpretz@eastern.edu](mailto:tpretz@eastern.edu) or 484-678-7573