

## STUDENT UNDERTAKING FOR COUNSELLING SERVICES

This is to certify that I have been offered and have accepted admission to Krea University to pursue \_\_\_\_\_ programme from 20\_\_ to 20\_\_.

I understand that Krea University provides a comprehensive range of academic and support services to its students, including counselling services. The counselling services offered by Krea University are designed to help students address a wide range of personal, academic, and emotional issues that may impact their academic performance or overall well-being.

Krea University employs a team of licensed and trained counselors who are experienced in working with students from diverse backgrounds and with a variety of issues. Counselling services are **highly confidential** and are available to all students enrolled at Krea University free of cost. Students may access counselling services by scheduling an appointment with a counsellor, either in person or through telehealth services.

I understand that mental health emergencies can arise unexpectedly and require immediate attention. I acknowledge the importance of reaching out and seeking help in such situations. In the event that there is a threat to my own personal safety and well-being or of those around me, I will immediately reach out to the University Health Centre and/or University counsellor/ and or any Student Services personnel to seek support.

I recognize that the University will treat mental health emergencies with utmost seriousness and respond promptly to ensure the safety and well-being of all individuals involved. I will cooperate with University officials, counselling staff and any other relevant personnel during any intervention process in the event of a mental health emergency. I also affirm my commitment to adhere to and cooperate with the University's mental health emergency protocols, including any assessments, referrals, or follow-up actions deemed necessary to ensure safety and appropriate care.

I acknowledge that the University will in certain situations, especially those that threaten my safety and well-being, contact my designated emergency contact (as declared in the University records) and/or my parent/guardian to inform them about the medical

emergency at hand. I understand any such action will only be taken in the best interest of students' well-being and is meant to ensure that appropriate support is provided in a time-sensitive manner.

I understand that Krea University will strive to create a compassionate and supportive environment on campus where student(s) can actively reach out and seek support and I affirm my commitment and contribution towards the same.

Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact information for any Mental Health Emergency** *(Please provide the details of a primary emergency contact who is a close blood relative, such as a parent, legal guardian, local guardian or an older sibling, to be contacted in the event of a mental health emergency.)*

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

Relation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email ID: \_\_\_\_\_