

## College of Education

### Counselor Education Program Application for Admission

#### INTRODUCTION

#### Department of Counseling & Educational Leadership

504 College Drive,  
Office

Albany, GA  
Billy C. Black Building

31705  
Room 244L

Telephone: (229) 430-2793

Fax: (229) 903-1930

**DIRECTIONS:** Please complete this application and return it to the Counselor Education program coordinator by email (carolyn.rollins@asurams.edu), fax (229-903-1930), or postal mail.

#### PERSONAL DATA

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Int.

#### MAILING ADDRESS:

\_\_\_\_\_  
Number Street Apt Number  
\_\_\_\_\_  
City State Zip

TELEPHONE: \_\_\_\_\_  
Preferred Telephone (day) Preferred Telephone (evening)

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ RAM ID: \_\_\_\_\_

#### DEGREES AND LICENSE

CHOOSE ONE: ☐ NON- DEGREE ADVANCED ☐ COUNSELOR CERTIFICATION ☐ M. ED. DEGREE

PLEASE INDICATE YOUR PREFERRED SEMESTER FOR BEGINNING THE COUNSELOR EDUCATION PROGRAM

YEAR: \_\_\_\_\_ ☐ SUMMER ☐ FALL

INDICATE YOUR PREFERRED COURSE PLANNING OPTION: ☐ 6 HOURS/SEMESTER ☐ 9 HOURS/SEMESTER

DO YOU HAVE A VALID COUNSELING LICENSE, EDUCATOR CERTIFICATION, OR OTHER PROFESSIONAL CREDENTIAL? ☐ Yes ☐ No

COUNSELING LICENSE NUMBER: \_\_\_\_\_

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If YOU PLAN TO APPLY FOR LICENSURE, PLEASE INDICATE IN WHICH STATE: \_\_\_\_\_

**EDUCATION**

_____ Institution	_____ Graduation Date	_____ Degree	_____ Major
_____ Institution	_____ Graduation Date	_____ Degree	_____ Major
_____ Institution	_____ Graduation Date	_____ Degree	_____ Major
_____ Institution	_____ Graduation Date	_____ Degree	_____ Major

**EMPLOYMENT HISTORY**

_____ Employer Name	_____ Dates of Employment	_____ Job Title	_____ Brief description of duties
_____ Employer Name	_____ Dates of Employment	_____ Job Title	_____ Brief description of duties
_____ Employer Name	_____ Dates of Employment	_____ Job Title	_____ Brief description of duties

If you have additional work history or experiences that you think is relevant to your application for this program, please add it here \_

_____
_____
_____
_____

What is your career goal and how will this degree help you attain that goal? \_\_\_\_\_

_____
_____
_____
_____

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### SCHOOL COUNSELING CONCENTRATION

If you are applying for the School Counseling concentration, have you passed the GACE or PRAXIS examination?

☐ Yes

☐ No

If yes, which:

☐ Medical Social Work

☐ Mental Retardation

☐ Mental Health

☐ Substance Abuse

Are/will you apply for state certification?

☐ Yes

☐ No

If yes, in which state(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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