



**College of Education  
Counselor Education Program  
Application for Admission**

**PERSONAL DATA**

Name

Date

Mailing Address

Preferred Email Address

Preferred Telephone (day)

Preferred Telephone  
(evening)

Date of Birth \_\_\_\_\_

Gender \_\_\_Female\_\_\_ Male

M. Ed. Degree Option

Non Degree Advanced  
Counselor Certification Option

Please indicate your preferred semester for  
beginning the Counselor Education Program

Year:

\_\_\_summer \_\_\_fall

Do you have a valid counseling license, educator certification, or other professional credential?

\_\_\_ Yes \_\_\_ No

If yes, please list.

### EDUCATION

Institution	Graduation Date	Degree	Major

### EMPLOYMENT HISTORY

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?

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

\_\_\_\_ Yes \_\_\_\_ No

If yes, which:

☐ PRAXIS-Counseling

☐ GACE Entrance

☐ GACE 103

☐ GACE 104

Are/will you apply for state certification?

In which state(s)?

\_\_\_\_ Yes

\_\_\_\_ No