

# PERSONAL DATA

Date \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ "Nickname" \_\_\_\_\_

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Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bachelor's Degree from \_\_\_\_\_ Date \_\_\_\_\_

Total GPA \_\_\_\_\_ Major GPA \_\_\_\_\_

Undergraduate Major \_\_\_\_\_ Minors \_\_\_\_\_

College honors and major activities \_\_\_\_\_

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*If applicable:*

Master's Degree from \_\_\_\_\_ GPA \_\_\_\_\_ Date \_\_\_\_\_

Graduate Major \_\_\_\_\_ Minors \_\_\_\_\_

Other Graduate Work \_\_\_\_\_

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Teaching certification areas \_\_\_\_\_

Professional counseling credentials \_\_\_\_\_

Present or most recent employment \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Other employment \_\_\_\_\_  
\_\_\_\_\_

What is your career goal? \_\_\_\_\_  
\_\_\_\_\_

In what activities (paid and/ or volunteer) have you engaged that involved working with individuals or groups?

\_\_\_\_\_  
\_\_\_\_\_

Student's comments for faculty:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the **one** emphasis for which you are applying:

\_\_\_ Clinical Mental Health Counseling      When do you plan to begin?  
Semester\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_ School Counseling      When do you plan to begin?  
Semester\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_ Rehabilitation Counseling      When do you plan to begin?  
Semester\_\_\_\_\_ Year \_\_\_\_\_