

PERSONAL DATA

Date _____

Last Name First Name Middle Initial "Chosen name"

Present Address Phone Number E-Mail Address

City State Zip Code

Bachelor's Degree from _____ Date _____

Total GPA _____ Major GPA _____

Undergraduate Major _____ Minors _____

College honors and major activities _____

If applicable:

Master's Degree from _____ GPA _____ Date _____

Graduate Major _____ Minors _____

Other Graduate Work _____

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:

When do you plan to begin the Clinical Mental Health Counseling program?

Semester: ___ Fall (application due March 1st)

___ Spring (application due October 1st)

Year: _____

For PCOU Program Use Only Application Check List:

- Completed Graduate School Application
- Official Transcripts (to Graduate School)
- Autobiographical letter of application
- Three letters of recommendation with the Professional Counseling Program Recommendation Form.
- Current resume / Vitae
- Personal Data Form