



COUNSELING APPLICATION

Master of Arts in Counseling Degree Programs
Division of Psychology and Counseling

Deadlines: February 15 for Fall; August 15 for Spring

Applicants for counseling master's degree programs must complete this form. Your cooperation in responding to the following questions and statements will help provide an accurate understanding of your qualifications for graduate study in Counseling. **Please input the information from your computer. Click in each box to type; tab from one to the next. Use additional paper if necessary.**

1. Name: _____

2. Social Security Number or
GSU ID #: _____

3. Mailing Address: _____

Email: _____

4. Telephone: Home/Cell: _____ Work: _____

5. Indicate the specific master's degree program for which you are applying (applicants may only apply to ONE program each semester):

- Marriage and Family Counseling
- Clinical Mental Health Counseling
- School Counseling

6. Semester/Year (ex: Fall 2014) of proposed entrance into the master's degree program: _____

7. How often do you plan to attend classes during your program? Full-time Part-time

8. Graduate Record Examination (not required unless your GPA does not meet the minimum requirements):
Completed? Yes No

If so, when? _____ Scores: Verbal _____ Quantitative _____ Written _____

9. List all colleges and universities attended (include Governors State University):

Institution	Major	Minor	Attended	Degree Awarded

10. Professional/Volunteer experience related to mental health or the helping professions:

Employing Agency	Address	Position	Dates Employed

11. Honors, Awards, Distinctions: _____

12. Memberships in Professional Organizations: _____

13. List any professional certification/license you hold: _____

14. Comment on the extent that you are acquainted with the Counseling master's degree programs offered by Governors State University.

15. Describe any professional or volunteer work experiences which you have had related to your career goals.

16. Describe your personal characteristics/strengths that will contribute to your being an effective counselor.

17. What is your current level of computer competence and what is your level of comfort with learning additional computer skills that may be required by the program?

18. Please add any additional information that you would like the admissions committee to consider as part of your application.

19. Please discuss the topics below in a 250-300 word typed statement:

- A) Why have you selected GSU?
- B) Why the Counseling field? (Why do you want to be a counselor)?
- C) Why do you want to be a counselor in this particular sequence? (School, Marriage & Family, Clinical Mental Health)

STATEMENT OF CHARACTER

Counseling Master's Degree Programs
Division of Psychology and Counseling
Governors State University

Please complete the following:

1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses? If yes, explain: Yes No
2. Have you ever been convicted of, found guilty of, or pled guilty to any felony? If yes, explain: Yes No
3. Have you ever had a criminal conviction sealed or expunged? If yes, explain: Yes No
4. Have you ever had a professional certificate or license limited, suspended, or revoked? If yes, explain: Yes No
5. Do you have any criminal charges pending? If yes, explain: Yes No
6. Have you ever surrendered a teaching certificate, license, or permit? If yes, explain: Yes No

Department of Counseling Policy: Application for admission to a counseling program:

Any applicant responding "Yes" to any of the above statements may be asked to have a Civilian Identification background check. They may be denied admission to a counseling program and/or asked to sign a disclaimer acknowledging that upon completion of the program they may be denied licensure by the State. The student is advised to seek legal counsel to have the violation or conviction expunged, but should acknowledge that expungement does not necessarily ensure that licensure will be granted by the state. Another criminal background check will be required during the last semester of program completion.

THIS APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT BEFORE ACTION CAN BE TAKEN. I understand that withholding information or giving false information may make me ineligible for admission to the university/program or subject to dismissal. I certify that the information provided in my application package is correct and complete.

Signature of Applicant

Date