

UNIVERSITY OF NORTH TEXAS®

Counseling Program

APPLICATION FOR ADMISSION TO THE DOCTORAL PROGRAM IN COUNSELING

Complete and return this form, along with all sealed references, resume/CV, statement of purpose, and other materials to the Counseling Program Office.

<u>If sending by For UPS ONL</u> UNT Counseli 425 s. Welch S Welch Street (Denton, TX 76	<u>Y:</u> ng Program St. Complex 2, Suit	e 101	<u>S</u> UN 115	<u>ending by United Service ONLY:</u> T Counseling Prog 55 Union Circle #3 ⁻ nton, TX 76203	gram
Ms/Mrs/Mr:	··········				
(Last	Name)	(First Nar	me)	(Middle N	ame)
Date of Birth:					
Permanent Address:					
	(Number)	(Street)	(City)	(State)	(Zip)
Telephone Number: _		Email A	ddress:		
Current Address:					
	(Number)	(Street)	(City)	(State)	(Zip)
Telephone Number: _		Email A	Address:		
EDUCATIONAL HIS	<u>FORY</u> : (List mo	st recent first)			
Institution	Location	Degree Ea	rned	Major/Minor	Date
				······	

Was your master's program CACREP accredited for your track of study at the time you graduated?

Yes ____ No (you MUST submit a completed CACREP Equivalency Worksheet with your application)

NOTE: If your master's program was not CACREP accredited for your track of study at the time you graduated, you may need to complete deficiency work prior to proceeding to the doctoral program. Although completing deficiency work does not guarantee admission to the program, many candidates elect to begin deficiency coursework prior to the application deadline. If you would like to consult with a program faculty member regarding deficiency coursework, please complete the CACREP Equivalency Worksheet and contact the Counseling Program Office to request an early review.

EMPLOYMENT: (List most recent first)

1.	Place:				
		(Name)	(City)	(State)	
	Position:		Supervisor:		
2.	Place:				
		(Name)	(City)	(State)	
	Position:		Supervisor:		
3.	Place:				
		(Name)	(City)	(State)	
	Position:		Supervisor:		

<u>REFERENCES</u>: List below the names and addresses of the three people you have asked to complete your Reference Evaluation Forms.

1. Name: Address:	Title:					
2. Name:	Title:					
3. Name:	Title:					
I hereby waive my right to review t	hese references.					
	Signature	Date				
(If you sign the "waive" statement, mark the space for "Confidential" on your Reference Evaluation Forms.)						
	OR					
I do not waive my right to review these references.						
	Signature	Date				
(If you sign the "do not waive" state	ment, mark the space for "Open" on y	our Reference Evaluation Forms.)				
Be sure you have marked your Re	ference Evaluation Forms as eithe	r "Confidential" or "Open".				
Rank your primary area(s) of study	r from 1 (highest) to 14 (lowest):					
 Adolescent/Adult Counseling Animal Assisted Therapy Biofeedback Therapy Career/Vocational Counseling College/University Counseling Anticipated Stating Year:		 Multicultural Counseling Play Therapy/ Child Counseling School Counseling Transpersonal Counseling Rehabilitation Counseling 				

Have you ever been convicted of a criminal charge or deferred adjudication, other than a minor traffic violation? If yes, please provide details about the charge(s)/adjudication below. (Please note that failure to disclose criminal history may result in dismissal or rescinded admission to the Counseling Program or in delay of ongoing enrollment in program coursework.)

_____ Yes _____ No

If yes, please provide details below (Use additional space as needed):

I learned about this program from:

- ____ Internet _____ Guidance Counselor _____ Current UNT Student or Graduate
- _____ Radio/TV
- _____ Publication (please specify ______)
- _____ Other (please specify ______