



# Counseling Program Application Understanding and Acknowledgment

**By completing this application, I confirm that I understand and agree to the Counseling Program Application Deadline Requirements as explained below.**

All Program Application Materials must be turned into the Counseling Program Office by 5:00pm on the day of the Application Deadline. All Transcripts should be sent to the UNT Graduate Admissions Office at least 1 month prior to the Application Deadline to ensure all materials are processed by their Office by 5:00pm on the day of the Counseling Programs Application Deadline Date.

The Graduate Admissions Office must have ample time to process your Application and items requested in order to send the Counseling Program Office your completed application by the deadline date. Sending in items with less than 1 month before the deadline could result in your application not being processed fully by the deadline date.

It is the responsibility of the Applicant to stay updated and informed with the Graduate Admissions Office on what materials they are requesting and their status.

I (the applicant) understand that if all Counseling Program Application Materials are not received by the Counseling Program Office by 5:00pm on the day of the deadline, my application will not be considered for admissions for that semester. Furthermore, I understand that if the Graduate Admissions Office was not given ample time to complete their processing of my application by 5:00pm on the day of the deadline, my application will not be considered for admissions for that semester.



**Counseling Program**

**APPLICATION FOR ADMISSION TO THE MASTERS PROGRAM IN COUNSELING**

Complete and return this form, along with all sealed references and writing sample to the Counseling Program office.

If sending by FedEx, DHL,  
or UPS ONLY:  
UNT Counseling Program  
425 s. Welch St.  
Welch Street Complex 2, Suite 101  
Denton, TX 76203

If sending by United States Postal  
Service ONLY:  
UNT Counseling Program  
1155 Union Circle #310829  
Denton, TX 76203

Ms./Mrs./Mr.: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

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

Permanent Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**EDUCATIONAL HISTORY:** (List most recent first)

Institution	Location	Degree Earned	Major/Minor	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby waive my right to review these 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' statement, mark the space for "Open" on your Reference Evaluation Forms.)

***Be sure you have marked your Reference Evaluation Forms as either "Confidential" or "Open"***

IMPORTANT: Check the track you are most interested in at this time (not binding):

\_\_\_\_\_ Clinical Mental Health Counseling (Adult, Adolescent, College, Child)

\_\_\_\_\_ School (elementary or secondary) – DENTON Campus

\_\_\_\_\_ School (elementary or secondary) – FRISCO Campus

Check your anticipated starting semester:

\_\_\_\_\_ Fall

\_\_\_\_\_ Spring

Anticipated Starting Year: \_\_\_\_\_

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):

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I learned about this program from:

Internet

Radio/TV

Guidance Counselor

Current UNT Student or Graduate

Publication (please specify \_\_\_\_\_)

Other (please specify \_\_\_\_\_)