PERSONAL DATA

Counselor Education Master's Program
The Pennsylvania State University
125 CEDAR Building
University Park, PA 16802-3110

Date _____

PSU ID#_____

_____

Last Name First Name Initial "Nickname"

_____

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:

_____

_____

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

____ Career Counseling When do you plan to begin? Fall of _____ (Year)

____ Elementary School Counseling When do you plan to begin? Fall of _____ (Year)

____ Mental Health Counseling in Schools and Communities When do you plan to begin? Fall of _____ (Year)

____ Rehabilitation Counseling When do you plan to begin? Fall of _____ (Year)

____ Secondary School Counseling When do you plan to begin? Fall of _____ (Year)

____ Addictions Studies Certificate When do you plan to begin? _____ (Semester) (Year)

____ Youth-At-Risk Certificate When do you plan to begin? _____ (Semester) (Year)