

Employer Address _____

Name of immediate supervisor _____

Other employment _____

What is your vocational 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)