

PERSONAL DATA

Counselor Education Master's Programs
The Pennsylvania State University
327 CEDAR Building
University Park, Pennsylvania 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 _____

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

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