

APPLICATION FOR COUNSELING PROGRAM ADMISSION

Semester/Year Applying For (Check One): Fall ___ Spring___ Year 20 ___
Have you previously applied to UHCL Counseling program? ___ If yes, when _____

Name _____ SSN _____

Address _____ UHCL ID# (if known) _____

City/State/Zip _____

Telephone (Home) _____ (Work) _____

Email address _____

TEA # (if seeking School Counselor certificate) _____ Are you Bilingual? Yes ___ No ___

Career Goals

_____ **M.S. in Clinical Mental Health Counseling**
(Eligible License: LPC)

_____ **M.S. in Counseling with School Counselor Certification***

* *School Counselor certification seekers please submit a copy of each the following documents with your application to satisfy TEA requirements:*

- Valid Standard Texas Teaching Certificate
- Texas Teacher Service Record (from district HR department)
- TEA Ethics Training completion certificate at <https://apps.uhcl.edu/TEAEthicsTraining/>
- Receipt for TEA admission fee at <https://apps.uhcl.edu/ECommerce/Schedule/CEP/740a8604eeae2b20e05333dc1dacad32>
- Supplemental Admission Requirements form (background check notification)
- Documentation of training in Mental Health/Substance Abuse/Youth Suicide Prevention
- FERPA form at

<https://www.uhcl.edu/admissions/documents/ferpa-release-reference-request-counseling.pdf>

II. Academic Preparation (If you do not hold a Bachelor's degree by the application deadline, please submit a letter from your academic advisor stating your expected graduation date.)

Institution	Degree Earned	Year	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate School Readiness (If last 60 hour GPA is 3.000 or higher, no test is required)

GRE Scores: Verbal ____ Quantitative ____ Written ____ Total Score ____ Date Taken ____

MAT Score: _____ Date Taken _____

III. Professional Experience (List most current employment first.)

Employer	Job Title	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe any relevant volunteer work experience.

List the three individuals from whom you are requesting **professional** (not personal) recommendations.

<u>Name</u>	<u>email address</u>
_____	_____
_____	_____
_____	_____

I certify that the information provided on this application is accurate.

Signature _____

Date _____