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| **SAM HOUSTON STATE UNIVERSITY APPLICATION FOR ADMISSION TO CANDIDACY FOR THE MASTERS IN COUNSELING GRADUATE PROGRAM** **(Clinical Mental Health Counseling Track)** | **Name** |
| **Address** |
| **(Add cont.)** |
| **Sam ID No.** |
| **Work Phone** |
| **Home Phone** |
| **Email** |

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| *I wish to apply for admission to the program of preparation Counseling. I understand that I must satisfactorily complete the program* *as outlined in the Graduate College Bulletin and by the counseling faculty at Sam Houston State University.*  |    Attach Small Photo Here  |
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| **Signature** | **Date** |

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| --- | --- | --- | --- |
| **Degrees Held** | **Institution(s) Granting - Date**  | **Major**  | **Minor**  |
|   |   |   |   |
|   |   |   |   |

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| **Certificates Held** |
| *Provisional* |  |
| *Professional* |   |
| *Vocational* |   |
| *Other* |   |

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| --- | --- |
| **Current Employer OR** | **Former Employer (if not currently employed)** |
| *Name* |  |   |
| *Address* |   |   |
|  |   |   |
| *Telephone* |   |   |

|  |  |
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| **Professor from Undergraduate Major AND** | **Personal Reference (not a family member)** |
| *Name* |  |   |
| *Address* |   |   |
|  |   |   |
| *Telephone* |   |   |

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| **To be admitted, students must be unconditionally admitted to graduate studies. Attach an up-to-date** [**transcript**](https://ww2.shsu.edu/) **of all graduate level work. This transcript must show 15 hours of counseling core coursework.** |

*Revised 3/29/16*