COUNSELING AND HUMAN SERVICES
at SYRACUSE UNIVERSITY
Sims Hall, Suite 440
130 College Place
Syracuse, NY 13244-1230

Department Application for Admission
MASTER'S PROGRAM

Application for admission to:

- ◯ Master's program in Clinical Mental Health Counseling
- ◯ Master's program in School Counseling

Please print or type the following information

Name: _____ _____ _____
(Last) (First) (Middle)

Current Address: _____

Permanent Address: _____

Email Address: _____ **Phone:** _____

U.S. Citizen ◯ Yes ◯ No

EDUCATION AND TRAINING:

Name of College/University	*Period of Study*	*Major/Degree*

SUPPLEMENTARY EDUCATION: (In-service training, institutes, short courses, etc.)

Subject	*Sponsored by*	*Dates of Study*

EMPLOYMENT: (Include all substantial work experience)

Name/Address of Employer	*Job Title and Duties*	*Dates of Employment and Reason for Leaving*

VOLUNTEER EXPERIENCES: (Include all volunteer experience relevant to the counseling profession)

Volunteer Activity	*Agency/University/etc.*	*Dates*

REFERENCES: List three persons, other than relatives or friends, who have knowledge of your background, experience, abilities, qualifications, etc. Put an asterisk beside the names of those included in your application to the School of Education. (At least one of these three references must be able to discuss your academic record/potential.)

Name	*Address*	*Occupation*

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How has your interest in the particular program for which you are applying developed (e.g. School Counseling, Clinical Mental Health Counseling)?

2. What life experiences have contributed to your understanding of people?

3. What factors have led to your consideration of professional counseling as opposed to other helping professions?

4. Describe personality attributes that you believe will be of value to you in this field.

5. How would you describe your vocational/personal development?

6. Given ideal conditions of time, education and money, what professional goals do you hope to achieve in the next five years?

7. Is there anything else that you would like for us to know which might be of help in the admission decision process?

ALL APPLICANTS COMPLETE AND SIGN:

If initial screening is favorable, would you be available for a personal interview at Syracuse University?

Yes No

(*For persons outside of New York, a phone/Skype interview is possible.*)

If accepted, I plan to attend: Full-time Part-time

I plan to begin my studies: Fall (year) Spring (year) Summer (year)

Date **Signature of Applicant**