

COUNSELING AND HUMAN SERVICES

at SYRACUSE UNIVERSITY

SIMS Hall, Suite 440

130 College Place

Syracuse, NY 13244-1230

Department Application for Admission
DOCTORAL PROGRAM: Counseling and Counselor Education

Please print or type the following information

Name:

(Last)

(First)

(Middle)

Current Address:

Permanent Address:

Phone:

Email Address:

U.S. Citizen?

Yes

No

GRE Scores Q:

V:

W:

Date Taken:

SUPPLEMENTARY EDUCATION: (i.e. not formal degrees that are listed on Graduate School applications); 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 & Duties	Dates of Employment and Reason for Leaving
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VOLUNTEER EXPERIENCES: (Relevant to the counseling profession)

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

Name	Address	Occupation
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4. What is your particular interest in Syracuse University for your advanced study?

5. What is your (expected) timeline for completion of the Ph.D. degree?

6. Do you have a particular area of interest that you would hope to incorporate as a specialty within your doctoral program? If so, what is this?

7. From your prior graduate study and work experience, describe two strengths (academic, clinical, or professional) that you bring to the program.

8. Is there anything else that you would like the faculty to know as it reviews your application?

WRITING SAMPLE

Please provide a writing sample that displays your ability to analyze and discuss a topic relevant to counseling. (A course paper from your master's program may be used as your writing sample.)

OPTIONAL - RECORDED COUNSELING SAMPLE

Please provide a recorded sample of your counseling for review accompanied by written responses to the following questions:

- 1) Contextualize the session we will see. Is this a first session? A session with someone you have seen for an extended period of time? A simulation?
- 2) Give us a fairly concrete description of how you understand the client's presenting issue(s).
- 3) Describe your goals and intended intervention(s) for the session we will see. Provide a rationale for your intervention(s).
- 4) Finally, critique your performance in the session. Were you successful in attaining your intended outcome? If not, please provide your understanding of what interfered with or altered your intended outcome.

All Recordings must be accompanied by an appropriate release form.

Return this application and your *(optional)* recorded counseling session **directly to the Counseling and Human Services Department Office.** (Send all other application materials directly to the Graduate School.)

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 may be possible)

If accepted, I plan to attend:

Full-time

Part-time

I wish to begin my studies: Fall

Spring

Summer

(year)

(year)

(year)

Date

Signature