

**Division of Education**

Counselor Education Program Application for Admission

**INTRODUCTION**

**Department of Counseling & Educational Leadership**

504 College Drive,  
Office

Albany, GA  
Billy C. Black Building

31705  
Room 244-I

Telephone: (229) 500-2149

DIRECTIONS: Please complete this application and return it to the Counselor Education program coordinator by email (annie.lewis@asurams.edu) or postal mail.

**PERSONAL DATA**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Int.

**MAILING ADDRESS:**

\_\_\_\_\_  
Number Street Apt Number  
\_\_\_\_\_  
City State Zip

TELEPHONE: \_\_\_\_\_  
Preferred Telephone (day) Preferred Telephone (evening)

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ RAM ID: \_\_\_\_\_

**DEGREES AND LICENSE**

CHOOSE ONE:  NON- DEGREE ADVANCED  COUNSELOR CERTIFICATION  M. ED. DEGREE

PLEASE INDICATE YOUR PREFERRED SEMESTER FOR BEGINNING THE COUNSELOR EDUCATION PROGRAM

YEAR: \_\_\_\_\_  SUMMER  FALL

INDICATE YOUR PREFERRED COURSE PLANNING OPTION:  6 HOURS/SEMESTER  9 HOURS/SEMESTER

DO YOU HAVE A VALID COUNSELING LICENSE, EDUCATOR CERTIFICATION, OR OTHER PROFESSIONAL CREDENTIAL?  Yes  No

COUNSELING LICENSE NUMBER: \_\_\_\_\_

## Counselor Education Program Application for Admission

IF YOU PLAN TO APPLY FOR LICENSURE, PLEASE INDICATE IN WHICH STATE: \_\_\_\_\_

### EDUCATION

Institution	Graduation Date	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EMPLOYMENT HISTORY

Employer Name	Dates of Employment	Job Title	Brief description of duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have additional work history or experiences that you think is relevant to your application for this program, please add it here \_

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What is your career goal and how will this degree help you attain that goal? \_\_\_\_\_

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## Counselor Education Program Application for Admission

### SCHOOL COUNSELING CONCENTRATION

If you are applying for the School Counseling concentration, have you passed the GACE or PRAXIS examination?

Yes

No

If yes, which:

Medical Social Work

Mental Retardation

Mental Health

Substance Abuse

Are/will you apply for state certification?

Yes

No

If yes, in which state(s) \_\_\_\_\_

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