

Department Of Counselor Education
Admission Application

Date of Application: _____

I. Name: _____ SS#: _____

Address: _____

Street

City, State

Zip

Home Telephone

Work Telephone

Email address

II. Current Employment: _____

Street

City, State

Zip

Work Telephone

Work Email address

Title/Position: _____

III. I intend to begin my studies: _____ Fall _____ Spring Year _____

My program emphasis will be:

_____ Community Counseling

_____ Family Counseling

_____ School Counseling

_____ Rehabilitation Counseling

Applicants applying to the school counseling sequence, please answer the following question: Do you hold a current, valid standard or provisional Illinois teaching certificate: _____yes _____no

If yes, include a copy of your teaching certificate with your application.

If no, include with your application:

1. a copy of the scores of the Basic Skills Test; and
2. evidence of taking and passing a Background Check

IV. Work Experience

List your work experiences chronologically, beginning with the most recent. These may include family, child-care experiences, and volunteer work. For each, indicate whether the experience was part-time or full-time.

<u>From</u> <u>Mo/Yr</u>	<u>To</u> <u>Mo/Yr</u>	<u>Role or Title</u>	<u>Location</u>	<u>Full/Pt time</u> <u>(hrs per week)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. List the two persons who will be completing the recommendation form:

A. Name: _____ Title: _____

Address: _____ Telephone: _____

Email Address: _____

B. Name: _____ Title: _____

Address: _____ Telephone: _____

Email Address: _____

VI. Self-Recommendation

In order that we may better understand your interest in our program, please prepare a typed one or two page letter of self-recommendation in response to the following questions:

- A. What has stimulated and/or maintained your interest in counseling?
- B. Describe personal qualities and life experiences you have had which you believe make graduate study in counseling appropriate for you.
- C. What are your hopes and concerns about yourself as a graduate student and as a counselor?
- D. What are your professional goals in the counseling field?

For applicants to the Rehabilitation Counseling sequence: In addition to addressing the above statements, the self-recommendation letter must address your experiences with, awareness of, and goals for persons with disabilities.

Please put your name and the date on each page of your self-recommendation. Thank you.

Signature _____

Date _____