

Last Name	First	Middle	(Optional) Race/Ethnic Group		Date of application
Street address			Counseling Concentration Desired		E-mail Address
City		State	ZIP code	Semester/Year Applying For	
Home:					Cell:
Work:					
How did you find out about the Program? (Circle only one)	A Via your college	B Program Brochure	C Career Counselor	D Military Service	E Current Graduate Student
F Internet	G Personal Letter	H Professor	I Recruiter	J Grad Bulletin	K Other

Application for Admission Master's Counseling Program

Counseling, Educational Psychology & Research
The University of Memphis
Memphis, TN 38152

Please read carefully and complete by printing in ink or typing.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

An Equal Opportunity /Affirmative Action University

We are an equal opportunity institution, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.

Professional and Career Goal Statement

This statement should be a concise essay (500 words or less) that reflects your educational and career goals. Explain the nature of your specific interests, why you are suited for a counseling/student personnel services career, and your reasons for seeking admission to this particular program at The University of Memphis. (Use additional sheets as necessary.)

Educational History (attach additional sheets as necessary)

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Professional Affiliations/Honors/Accomplishments

(Feel free to exclude those indicating race, color, religion, gender, sexual orientation, national origin, age, handicap, or Vietnam-era veteran status)

Professional society memberships, certificates, or licenses held; offices held in organizations

Academic honors received such as prizes, fellowships, scholarships, election to honorary societies, or distinctions

Publications/Professional Presentations

Special Skills

Teacher Certification: Yes ___ No ___ Grade Level _____	If you answered Yes, list teaching subject specialty(ies):	Years of experience teaching:
Please list counseling-related experiences you have acquired/attained:	Were any of these experiences supervised: Yes ___ No ___ If so, by whom, when, and where?	

Are you planning on attending part-time or full-time? Part-time _____ Full-time _____

Counseling Courses Previously Taken (use additional sheets as necessary)

<u>Course and Title</u>	<u>Units</u>	<u>Institution</u>	<u>Grade</u>	<u>Year Taken</u>

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

Last or present company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Full or Part Time	Dates worked From To		
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Full or Part Time	Dates worked From To		
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Full or Part Time	Dates worked From To		
Reason for leaving			
May we contact your present employer? Yes _____ No _____			

U.S. Military Record

Branch of service _____ From _____ To _____

Present military affiliation: None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of training and duty while in service: _____

Professional/Work References

List three persons, past supervisors, and/or professors who are not related to you who have knowledge of your qualifications for the program for which you are applying. Please distribute enclosed reference forms to those persons listed below. Provide stamped, pre-addressed envelopes with the reference forms. You are responsible for making sure your references have sent the reference form directly to the appropriate Program Coordinator.

Name	Title/relationship	Address (street, city, state, zip code)	Phone no. (include area code)	Occupation

I hereby certify that none of the information on this application is false or has been withheld. I further certify that I understand that giving false information or withholding information may make me ineligible for admission or to continue my enrollment at The University of Memphis.

Date Sig nature

If any of your educational or employment records are under other than the above name, please provide other names.

REFERENCE FOR MASTER'S PROGRAM
 DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY AND RESEARCH
 THE UNIVERSITY OF MEMPHIS

Applicant: (Copy as many of these forms as you need - 3 professional and/or academic references required).

To be completed by **Applicant**: (For admission to: Fall _____ Spring _____)

APPLICANT'S NAME: _____

U NUMBER: _____

Applying for (circle one): MS School MS Clinical Mental Health MS Rehab. MS Clinical Rehab. Counseling

RECOMMENDER'S NAME: _____

To be completed by **Recommender**:

RECOMMENDER: The applicant has given your name as a reference in support of his/her application for graduate study. We would appreciate your candid evaluation of the applicant's potential. In keeping with the Family Educational Rights and Privacy Act, please be aware that students have a right to see their records, including recommendations.

A. How well do you know the applicant? ___ Quite well ___ Moderately well ___ Know only Slightly
 In what capacity? _____ For how long? _____ years _____

B. Estimate applicant's capabilities: (Be sure to compare with other Graduate Students.) Please rate the applicant for each of the following characteristics by circling the appropriate point on the continuum.

	No Basis for Judgment	Very Low	Average	Very High
a.) Motivation for Graduate Work	0	1 2 3	4 5 6	7 8 9
b.) Intellectual Ability	0	1 2 3	4 5 6	7 8 9
c.) Creativity	0	1 2 3	4 5 6	7 8 9
d.) Breadth of General Knowledge	0	1 2 3	4 5 6	7 8 9
e.) Grasp of Field	0	1 2 3	4 5 6	7 8 9
f.) Oral Expression	0	1 2 3	4 5 6	7 8 9
g.) Written Expression	0	1 2 3	4 5 6	7 8 9
h.) Initiative	0	1 2 3	4 5 6	7 8 9
i.) Resourcefulness	0	1 2 3	4 5 6	7 8 9
j.) Emotional Maturity	0	1 2 3	4 5 6	7 8 9
k.) Ability to Work with Colleagues	0	1 2 3	4 5 6	7 8 9
l.) Promise as a Counselor	0	1 2 3	4 5 6	7 8 9
m.) Promise as a Researcher	0	1 2 3	4 5 6	7 8 9

C. Overall, do you recommend this applicant for admission to the counselor preparation program?
 ___ No ___ Yes, with reservations ___ Yes, without reservations.

D. Comments _____

(Additional comments can be written on the back or attached on a separate sheet.)

Signature _____ Position _____

Institution _____ Date _____

Mailing Address _____

Phone (____) _____

Please return DIRECTLY to:

CEPR Admissions Committee
100 Ball Education Building
The University of Memphis
Memphis, TN 38152

Students are admitted to the masters program two times a year - Fall, and Spring semesters. All application materials must be received by the department's application deadlines (October 1 for Spring, March 1 for Fall).

Application to any of the masters degree programs in Counseling, Educational Psychology and Research requires TWO separate applications:

1. Apply to the Graduate Admissions Office, Administration Building, The University of Memphis for acceptance into the Graduate School. This application will include Graduate Record Exam (GRE) scores and official transcripts. Applicants who presently are admitted to The University only on "non-degree" status and applicants presently admitted to other degree programs must complete a Change of Status form in the Admissions Office.
2. Complete the department application form and obtain 3 professional and/or academic references to be sent directly to this department.

Attached are the necessary department application materials. Obtain University forms from the Graduate Admissions Office.

We appreciate your interest in our program and will be pleased to answer any further questions. For information concerning the status of your Graduate Admissions material, contact the Graduate Admissions office at (901) 678-2911. For further information concerning application procedure, you may contact the departmental secretaries at (901) 678-2841.

Applicants who are eligible on the basis of a complete file received by our department by the deadline will be contacted to arrange an interview with members of the admissions committee. Applicants who have not been contacted within a week after the deadline date should phone the department admissions secretary to arrange an interview.

APPLICATIONS WILL NOT BE CONSIDERED AFTER THE DEADLINE.

Revised 9/12