

**Supplemental Application Information
for
College Counseling and Student Development
Rehabilitation Counseling
School Counseling**

Check the program for which you are applying: **When do you intend to start classes?**

- | | | | |
|--------------------------|---|-----------|-------|
| <input type="checkbox"/> | College Counseling and Student Development | Fall only | Year: |
| <input type="checkbox"/> | Rehabilitation Counseling | Fall only | Year: |
| <input type="checkbox"/> | School Counseling | Fall only | Year: |
| <input type="checkbox"/> | Master's degree program | | |
| <input type="checkbox"/> | Have teaching license, applying for regular internship program. | | |
| <input type="checkbox"/> | No teaching license, applying for alternative internship | | |
| <input type="checkbox"/> | Certificate program. Must already have a masters degree. | | |

Social Security # Student I.D. #
(Voluntary for I.D. purposes only)

Name: E-mail:

Present address: Street City State/Providence Country Zip

Permanent address: Street City State/Providence Country Zip

Home phone: Cell phone: Work phone:

Do you plan to apply for a graduate assistantship? Yes No

Will you attend school: Part-time? Full-time? (8 credits per semester)

Are you, or will you be, receiving financial assistance (i.e. scholarships, graduate assistantships, etc.)
 Yes if so, from where? No

Education: Please list all institutions previously attended.

Name of Institution	Dates Attended	Graduation Date	Degree or Credits Completed
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Supplementary Education (in-service training, institutes, etc.)

Subject	Sponsored by	Dates of Study
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Employment (Provide full-time employment history since graduation from college. Include all employment beginning with the most recent).

Employer:	City:	State:
Phone:	Position:	
Supervisor:	Employed from	to
Specific duties:		

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Phone:	Position:	
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Phone:	Position:	
Supervisor:	Employed from:	to
Specific duties:		

For additional full-time employment, please use an additional sheet.

Significant part-time employment:

Position of leadership and activities while in undergraduate school:

Indicate other experiences in which you have participated that relate to the field of counseling (e.g. volunteer work, organization memberships).

Future Vocational Plans

1. List your future plans concerning work in your chosen field of counseling.
2. State other career plans you may consider beyond your chosen field.

What significant events in your life have contributed to your desire to study counseling?

Return to:

Department of Counselor Education and
Educational Psychology
St. Cloud State University
Education Building A-253
720 South Fourth Avenue
St. Cloud MN 56301