



COUNSELING APPLICATION

Post Master's School Counseling Certification
Division of Psychology and Counseling
Governors State University

Applicants for Post Master's School Counselor Certification must complete this form **in addition to the GSU certificate application**. Your cooperation in responding to the following questions and statements will help provide an accurate understanding of your qualifications for graduate study in Counseling. Admission is based on: Submitting all required paperwork/applications, meeting the basic GPA requirements, completion of required prerequisites, and an interview. Based on the interview and submitted documentation, faculty will make recommendations concerning admission.

Please print legibly or input the information from your computer. Click in each box to type; tab from one to the next. Use additional paper if necessary.

1. Semester/Date of Proposed Entrance into the certificate program: _____

2. How often do you plan to attend classes during your program? Full-time Part-time

3. List all colleges and universities attended (include Governors State University):

Institution	Major	Minor	Attended	Degree Awarded

4. Professional/Volunteer Experience Related to Mental Health or the Helping Professions:

Employing Agency	Address	Position	Dates Employed

5. Honors, Awards, Distinctions: _____

6. Memberships in Professional Organizations: _____

7. List any professional certification/license you hold: _____

11. What is your computer/technology competence and literacy and how will you become more competent?

12. Please add any additional information that you would like the Admissions Committee to consider as part of your application.

13. Please write a brief statement about your professional goals. Include goals for your professional career, type of position(s) you expect to seek when you complete your certificate, professional areas of interest to you and how you believe you can advance the profession of counseling. (This typing area will expand as you type. Please use an additional sheet of paper if necessary.)

Signature of Applicant

Date



STATEMENT OF CHARACTER
Post Master's School Counseling Certification
Division of Psychology and Counseling
Governors State University

Last Name

First Name

Social Security Number

Please complete the following:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been convicted of, found guilty of, or pled guilty to any felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have any criminal charges pending? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had a criminal conviction sealed or expunged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever had a professional certificate or license limited, suspended, or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever surrendered a teaching certificate, license, or permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature

Department of Counseling Policy: Application for admission to a counseling program:

Any applicant responding "Yes" to any of the above statements may be asked to explain and have a Civilian Identification background check. They may be denied admission to a counseling program and/or asked to sign a disclaimer acknowledging that upon completion of the program they may be denied licensure by the State. The student is advised to seek legal counsel to have the violation or conviction expunged, but should acknowledge that expungement does not necessarily ensure that licensure will be granted by the state. Another criminal background check will be required during the last semester of program completion

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE OFFICE OF ADMISSION
 WITH OTHER REQUIRED APPLICATION MATERIALS.**