

GRADUATE APPLICATION – MASTER OF ARTS IN COUNSELING
FALL/SPRING ADMISSION ONLY

READ ALL OF THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Non-refundable \$50 application fee – please pay Cashier

TYPED RESPONSES ONLY (Do not handwrite)

Social Security Number*

*Your Social Security Number (SSN) is requested pursuant to Public Law 93-579 for the University's system of student records, as well as for compliance with federal and state reporting requirements. A SSN is required if you are applying for financial aid but is not required for admission to the University. Providing an SSN will, however, speed up the processing of your application since we will not need to manually match your application with other materials such as transcripts and test scores. Supplying an SSN ensures that you will be able to claim the Hope Tax Credit, if you are eligible, on your federal tax return. The University has a strong commitment to privacy and will not disclose your SSN without your consent for any purpose except as allowed by [law](#).

MR.	MS.	MRS.	OTHER	
LAST NAME		FIRST NAME		MIDDLE INITIAL
BIRTH DATE	Month/Day/Year	Male	Female	
PREVIOUS NAME(S)	Other last names that may appear on academic transcripts			
PERMANENT ADDRESS	Number, Street, Apt. #			
	City or Town, State, ZIP code			
MAILING ADDRESS	(if different from above) Number, Street, Apt.#			
	City or Town, State, ZIP code			
HOME PHONE	WORK PHONE	CELL PHONE		
E-MAIL ADDRESS				

ETHNIC ORIGIN: 1. Are you Latino/Hispanic? No Yes 2. Please select the categories below that describe you (select as many as apply)

American Indian or Alaska Native	Native Hawaiian or Pacific Islander
Asian	White
Black or African American	

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The College of Education
at Governors State University

1 University Parkway, University Park, IL 60484-0975
708.534.4050 www.govst.edu/counseling

ILLINOIS RESIDENT? Yes No How Long? Years Months County

CITIZENSHIP STATUS? U.S. CITIZEN Non-U.S. Citizen (list country of Citizenship)

 Permanent Resident (attach copy of permanent residency card, both sides) International Student (seeking student visa) Other

ARE YOU A VETERAN OR ON ACTIVE DUTY IN THE U.S. ARMED FORCES? Yes No

THIS APPLICATION IS FOR: Fall 20 (deadline: February 15) Spring 20 (deadline: August 15)

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

INDICATE THE SPECIFIC MASTER'S DEGREE PROGRAM FOR WHICH YOU ARE APPLYING (applicants may only apply to ONE sequence)

Marriage & Family Counseling Clinical Mental Health Counseling School Counseling

HAVE YOU EVER APPLIED FOR ADMISSION TO GSU? Yes No If yes, when?

HAVE YOU EVER ENROLLED AT GSU? Yes No If yes, when? GSU ID#

IF YOU HAVE ATTENDED GSU BEFORE, DID YOU LEAVE IN GOOD STANDING? Yes No Not applicable

ARE YOU IN GOOD STANDING AT THE COLLEGE OR UNIVERSITY LAST ATTENDED? Yes No
If no, see note below***

***Note: Applicant not in good standing at the last college attended, including GSU, must petition for admission under the policy on Readmission and Special Admissions. This petition can be printed from the website at:

Total GPA for all undergraduate work:

GPA for last 60 hours of undergraduate work:

GPA for any graduate work:

Graduate Record Exam(not required unless your GPA is below 2.75): Completed? Yes No

If so, when?

Scores:

Verbal

Quantitative

Written

INSTITUTION NAME	CITY	STATE	MONTH / YEAR		HOURS EARNED		MAJOR	GPA	DEGREE EARNED
			From	To	quarter	semester			

You must list all colleges or universities attended. Use reverse chronological order, beginning with the most recent, including GSU. Continue on back if necessary.

PLEASE LIST ALL PROFESSIONAL/VOLUNTEER EXPEREINCE RELATED TO MENTAL HEALTH OR THE HELPING PROFESSIONS:

Employing Agency	Address	Position	Dates Employed

PLEASE LIST ANY:

Honors, Awards, Distinctions:

Memberships in Professional Organizations:

Professional certification/license you hold:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. COMMENT ON THE EXTENT THAT YOU ARE ACQUAINTED WITH THE COUNSELING MASTER'S DEGREE PROGRAMS OFFERED BY GOVERNORS STATE UNIVERSITY.

2. DESCRIBE ANY PROFESSIONAL OR VOLUNTEER WORK EXPERIENCES WHICH YOU HAVE HAD RELATED TO YOUR CAREER GOALS.

3. DESCRIBE YOUR PERSONAL CHARACTERISTICS/STRENGTHS THAT WILL CONTRIBUTE TO YOUR BEING AN EFFECTIVE COUNSELOR.

4. WHAT IS YOUR CURRENT LEVEL OF COMPUTER COMPETENCE AND WHAT IS YOUR LEVEL OF COMFORT WITH LEARNING ADDITIONAL COMPUTER SKILLS THAT MAY BE REQUIRED BY THE PROGRAM?

5. PLEASE ADD ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE THE ADMISSIONS COMMITTEE TO CONSIDER AS PART OF YOUR APPLICATION.

6. PLEASE DISCUSS THE TOPICS BELOW IN A 250-300 WORD TYPED STATEMENT:

- A) Why have you selected GSU?
- B) Why the Counseling field? (Why do you want to be a counselor)?
- C) Why do you want to be a counselor in this particular sequence? (School, Marriage & Family, Community)

STATEMENT OF CHARACTER
Counseling Master's Degree Programs
Division of Psychology and Counseling
Governors State University

Please complete the following:

1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses?

If yes, explain:

Yes

No

2. Have you ever been convicted of, found guilty of, or pled guilty to any felony?

If yes, explain:

Yes

No

3. Have you ever had a criminal conviction sealed or expunged?

If yes, explain:

Yes

No

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4. Have you ever had a professional certificate or license limited, suspended or revoked?

If yes, explain:

Yes

No

5. Do you have any criminal charges pending?

If yes, explain:

Yes

No

6. Have you ever surrendered a teaching certificate license or permit?

If yes, explain:

Yes

No

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.

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This application must be signed and dated by the applicant before action can be taken. I understand that withholding information or giving false information may make me ineligible for admission to the university or subject to dismissal. I certify that the information provided in my application package is correct and complete.

SIGNATURE:

DATE:

GOVERNORS STATE UNIVERSITY is an equal opportunity institution. The university adheres to Section 504 of the Rehabilitation Act.

Security Information Now Available:GSU is committed to assisting all members of the community in providing for their own safety and security. The annual security compliance document is now available on the GSU web site at www.govst.edu/cleryact. If you would like to receive a brochure that contains this information, you can stop by GSU 's Department of Public Safety,or you can request a copy be mailed to you by calling 708.534.4490.The web site contains information on campus security and personal safety,including crime prevention,university police law-enforcement authority,crime reporting policies,disciplinary procedures, and other important matters about security on campus. It also contains statistics for the three previous calender years on reported crimes that occurred on campus,in certain off-campus buildings or property owned by GSU,and on public property within or immediately adjacent to and accessible from the campus. This information is required by law and is provided by GSU 's Department of PublicSafety.

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