



UNIVERSITY OF ARKANSAS

Application for Admission to The Master's Degree (M.S.) Program in

Counselor Education

University of Arkansas
116B Graduate Education Building
Fayetteville, AR 72701
FAX: (479) 575-3319

Date: _____

Personal Data:

Name: _____

Mailing Address: _____
(street) (city, state, zip code)

Contact Phone # _____
(home) (cell) (work)

E-mail: _____

Proposed Counseling Emphasis:

My planned emphasis is: _____ School Counseling _____ Clinical Mental Health Counseling

I hope to begin graduate work: Fall _____ Spring _____ Summer _____

Academic Background:

Bachelor's degree: _____ Awarded by: _____ Year: _____

Location: _____ Major: _____ Minor: _____

Undergraduate GPA (A=4.0): _____

GRE Scores: _____

Education beyond last degree: *

Major	# of Credits	GPA	Institution	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Record of Work Experience Related to Counseling

(begin with most recent or attach a resume)

Institution	Location	Position	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Record of Work Experience - Non-Counseling (begin with most recent or attach a resume)

Institution	Location	Position	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Letters of Recommendation:

You are required to request three (3) professional letters of recommendation on the forms enclosed or on Counselor Education website.

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

Return this application to:
University of Arkansas
RHRC Coordinator of Graduate Student Services
Dept. of Rehab., Human Resources, and Comm. Disorders
Grad Ed Bldg 116B
Fayetteville, AR 72701-1201
FAX: 479-575-3319

Or to submit as an email attachment: **SUBMIT**