
UNIVERSITY OF ARKANSAS
College of Education and Health Professions
Application for Admission to the Ph.D. Program -Counselor Education

Date of Application _____

I. PERSONAL DATA

1. Name _____ Social Security # _____
2. Home Address _____
3. Home Phone _____ Business Phone _____
4. E-Mail Address _____
5. Citizenship _____

II. ACADEMIC BACKGROUND

1. Colleges and Universities attended (begin with most recent)

Institution	Location	Date	Major	Minor	Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Standardized Test Score (original copy of scores must be on file in Program Chair/Coordinator's office)

GRE: Verbal _____ Quantitative _____ Analytical _____

Advanced _____ Total _____ Date _____ Location _____

TOEFL: Score _____ Date _____ Location _____

OTHER: Test _____ Score _____ Date _____ Location _____

3. Total Graduate Hours _____ Grade Point Average on all Graduate Hours _____

4. Certification Held _____

III. EMPLOYMENT EXPERIENCES

1. Teaching or other educational experience (begin with most recent)

Employing Institution	Location	Position	Dates
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2. Non-teaching experiences (exclude minor short-term employment, begin with most recent)

Employing Agency	Location	Position	Dates
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IV. AUTOBIOGRAPHICAL SKETCH

Attach an autobiographical sketch emphasizing those elements, which you consider relevant to your admission to the program. See attached guide, *Form ORGS-32*.

V. REFERENCES

Name a minimum of three persons whom you have asked to provide a letter of Recommendation (use form ORGS-33). To include: (a) a supervisory recommendation from current or last employment; (b) a former graduate instructor outside the program area to which the application is being made. Applicants should provide stamped envelopes to individuals writing recommendations. Recommendations should be returned directly to program chair/coordinator of program area of specialization.

Name	Institution	Position
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