

**Western Kentucky University
Department of Counseling and Student Affairs**

**Departmental Interview and Admission Form
For the Specialist in Education Degree, Counseling Major**

NAME _____ DATE _____
(Please Print-Last, First, Middle Initial)

SOCIAL SECURITY NUMBER _____

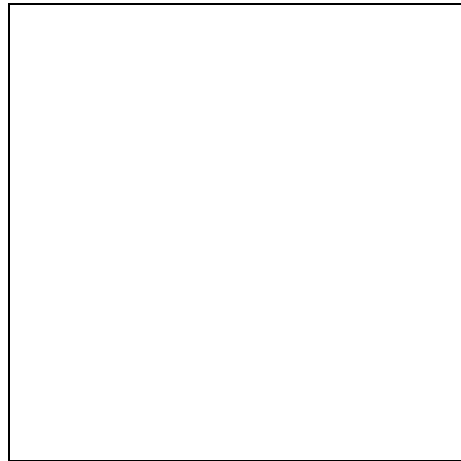
TELEPHONE: HOME (____) _____ OFFICE (____) _____

E-MAIL _____

HOME ADDRESS: _____

**PROGRAM EMPHASIS DESIRED:
Please check:**

- () School Counseling, Elementary
- () School Counseling, Secondary



Place Photo Here

CURRENT POSITION: * _____ **HIRE DATE:** (mo./yr) _____
 *If you have been employed in this position less than two years, attach a sheet,
 which indicates prior employment during the past five years.

EMPLOYER: _____

ADDRESS: _____

EMPLOYER: _____

EMPLOYER PHONE: _____

A COMPLETE APPLICATION INCLUDES THESE FOUR AREAS:

1. I have completed the following CNS classes or their equivalents:

	Check or Give Equivalent Title	Instructor/University	Term/Year
EDFN 500 Res. Methods	_____	_____	_____
CNS 550 Intro. to Couns.	_____	_____	_____
CNS 552 Testing & Asses.	_____	_____	_____
CNS 554 Group Counseling	_____	_____	_____
CNS 558 Counseling Theor.	_____	_____	_____
CNS 590 Counseling Pract.	_____	_____	_____

2. Describe your previous professional work experience.

3. Write a paragraph or two about your reasons for pursuing an Ed.S., Counseling Major.

Please review and sign the following affidavit:

With this signed Specialist degree program Admission Form I hereby apply to the Counseling Programs at Western Kentucky University. I acknowledge that a personal interview is a part of the admission procedure.

Furthermore, I affirm that I have never been convicted or charged with a felony crime, or a crime involving harm against another person. If I have ever been convicted or even charged with such a felony, I have attached a separate letter of explanation. The faculty, at their discretion, may request or conduct criminal records background checks on students; and, I agree to permit such a background check on me.

I recognize that falsification of any information or affirmation in this application could result in immediate termination from the Specialist degree program. Finally, I recognize that acceptance into the various counseling programs does not assure program completion. The faculty will evaluate both cognitive and clinical skills in an ongoing process until graduation is achieved.

_____ Signature _____ Date

-----**For Office Use Only**-----

DATE OF INTERVIEW: _____

FACULTY CONDUCTING INTERVIEW: _____

INTERVIEWER'S SUMMARY AND COMMENTS:

COMMITTEE ASSIGNMENT:

Chair _____

