

MASTER'S APPLICATION SUPPLEMENT FORM

Note: Areas outlined in red are required fields that must be completed before submission.

Applicants for counseling master's degree programs must submit this form as part of the application materials. Your cooperation in responding to the following questions is appreciated.

Please type your answers in each field (click in each box to type, tab from one box to the next).

1.	Name:				
2.	Email Address	s:			
3.	Mailing Addre	ess:			
4.	Telephone:	Home:	Mobile:		
5.	Indicate the specific master's degree program for which you are applying (Note: applicants may only apply to ONE program):				
		Mental Health Counseling Counseling	Marriage and Family Counseli Classroom Guidance for Teac	•	
6.	Semester/Date of proposed entrance into the master's degree program:				
7.	How often do	you plan to attend classes during your pro	gram?	Part-time	

8.	List all colleges and universities attended (include The University of Akron if applicable):						
	Institution	Major	jor Minor		Dates Attended	Degree d Awarded	
9.	List any relevant employment related to the mental health or healthcare field:						
	Employing Agency	Address		Position		Employed	
10.	. Honors, Awards, Distinctions:						
11.	Memberships in Professional Organizations:						
12.	2. List any professional certification/license you hold:						
13.	. Why have you chosen the profession of Counseling for graduate study?						

	14. Why have you chosen the specific master's degree/program you selected (versus a different counseling program)?				
15.	Comment on the extent that you are acquainted with the counseling master's degree program offered by The University of Akron.				
16.	Describe any professional or volunteer work experiences which you have had related to your career goals.				
17.	Describe your personal characteristics/strengths that will contribute to being an effective counselor.				
18 .	What is your computer competence and literacy and how will you become more competent?				

19.	Please write a brief statement about your professional goals. Include goals for your professional career when you complete your degree, professional areas of interest, and how you believe you can advance the profession of Counseling.
20.	Please add any additional information that you would like the program faculty to consider as part of your application?



STATEMENT OF MORAL CHARACTER

Please complete the following:

1.	Have you ever been conv	icted of, found guilty of, or pled gui traffic offenses?	Ity to any	Yes	☐ No
2.	2. Have you ever been convicted of, found guilty of, or pled guilty to any felony?			Yes	☐ No
3.	Have you ever had a crim	inal conviction sealed or expunged	1?	Yes	☐ No
4.	4. Have you ever had a professional certificate or license limited, suspended, or revoked?			☐ Yes	☐ No
5.	5. Have you ever surrendered a teaching certificate, license, or permit?			Yes	□No
	nt Electronic Signature type name here)	Applicant UA ID (type full application ID here)	• • •	licant Social S four social sec	•

School of Counseling Policy: Any applicant responding "Yes" to any of the above statements may be asked to have a civilian Identification background check.

Felony and Other Criminal History Policy - Applicants are required to disclose any current or past criminal charges or convictions, or pending charges that might result in a conviction, when apply for admission to a School of Counseling program. Failure to report a criminal history may result in denial and/or dismissal from the School of Counseling and the program. It is the prerogative of the School of Counseling faculty and administration to request additional information about the criminal history, and based on the information provided, to deny admission (and/or for School of Counseling students to be dismissed), as students in all School of Counseling programs are preparing to work with a vulnerable population and must apply for background checks prior to internship and licensure.