



The University of Akron

College of Health Professions

School of Counseling

DOCTORAL APPLICATION SUPPLEMENT FORM

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

Applicants for counseling doctoral 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:

3. Mailing Address:

4. Telephone: Home:

Mobile:

5. Indicate the specific doctoral specialty program for which you are applying
(Note: applicants may only apply to ONE program area):

Counselor Education

Marriage and Family Counseling/Therapy

6. Semester/Date of proposed entrance into the master's degree program:

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

8. List all colleges and universities attended (include The University of Akron if applicable):

| Institution | Major | Minor | Dates Attended | Degree Awarded |
|-------------|-------|-------|----------------|----------------|
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9. List any relevant employment related to the mental health or healthcare field:

| Employing Agency | Address | Position | Dates Employed |
|------------------|---------|----------|----------------|
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| | | | |
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10. Honors, Awards, Distinctions:

11. Memberships in Professional Organizations:

12. List any professional certification/license you hold:

13. Why have you chosen to apply for a doctoral degree?

14. Why have you chosen the specific doctoral specialty/program you selected?

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.

20. Please add any additional information that you would like the program faculty to consider as part of your application?



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STATEMENT OF MORAL CHARACTER

Please complete the following:

1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses? Yes No
2. Have you ever been convicted of, found guilty of, or pled guilty to any felony? Yes No
3. Have you ever had a criminal conviction sealed or expunged? Yes No
4. Have you ever had a professional certificate or license limited, suspended, or revoked? Yes No
5. Have you ever surrendered a teaching certificate, license, or permit? Yes No

Applicant Electronic Signature
(type name here)

Applicant UA ID
(type full application ID here)

Applicant Social Security ID
(type last four social security #s here)

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.