



MASTER'S APPLICATION SUPPLEMENT FORM

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

Please type your answers in each field

1. Name: _____

2. Email Address: _____

3. Mailing Address: _____

4. Telephone Home: _____ Mobile: _____

5. Indicate the specific master's degree program for which you are applying:

6. Semester **and** Year of proposed entrance into the master's degree program:

Year:

7. Do you plan to attend graduate studies full-time or part-time?

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

Institution	Major	Minor	Dates Attended	Degree Awarded

9. List any relevant employment related to the mental health or healthcare fields:

Employing Agency	Address	Position	Dates Employed

10. Honors, Awards, Distinctions:

11. Memberships in Professional Organizations:

12. List any professional certification(s)/license(s) you hold:

13. Why have you chosen the profession of Counseling for graduate study?

19. Please write a brief statement about your professional goals. Include goals for your professional career upon the completion of your degree, professional areas of interest, and how you believe you can advance the Counseling profession.

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

Feel free to attach additional pages in order to give a complete and accurate response to any question above.



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
(Please type your full name here)

Applicant UA ID
(type full application ID here)

Applicant Social Security ID
(type only the last four digits of your social security number here)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

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 and convictions and/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, the program, or The University of Akron. 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 to and/or dismiss School of Counseling students, as students in all School of Counseling programs are preparing to work with vulnerable populations and must apply for background checks prior to internship and licensure.