# Application for Admission

**Counseling and Student Affairs Programs**Western Kentucky University

NAME DATE

(Please Print-Last, First, Middle Initial)

WKU I.D. NUMBER:

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: HOME ( ) OFFICE ( )

HOME ADDRESS:

PROGRAM DESIRED: [Please check program desired]

Insert a head and shoulders photo here.

( ) School Counseling

( ) Counseling (select one):

Clinical Mental Health Counseling

Marriage, Couple, and

Family Counseling

( ) Student Affairs in Higher Education

-------------Office Use Only---------------

Received Letter Rec 1 Rec 2

Form A Classes Meeting Ack Ltr

**Department of Counseling and Student Affairs**

**Admissions Form Affidavit**

With this signed Master's degree program Admission Form I hereby apply to the Counseling and Student Affairs 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 require a criminal records background check on all applicants; and, I agree to permit such a background check on me.

I recognize that falsification of any information or affirmation in this application will result in immediate termination from the Master's degree program. Finally, I recognize that acceptance into the any of the degree programs available through the Department of Counseling and Student Affairs does not assure program completion. The faculty will evaluate interpersonal, dispositional, cognitive, and clinical skills in an ongoing process until graduation is achieved.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_