

MASTER'S PROGRAM IN COUNSELING APPLICATION

Complete and return this form, along with all sealed references and writing sample to the Counseling Program Office

University of North Texas at Dallas Office of Graduate Admissions 7300 University Hills Blvd. Dallas, TX 75241-4600

CONTACT INFO	RMATION				
□Miss					
☐Mr. (Last)		(First)	(Middle)	(Middle)	
Social Security N	lumber	Date o	of Birth		
Permanent Addr	ress				
	(Street)	(City)	(State)	(Zip)	
Telephone Number		E-mail	I		
Current Address					
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1. Place					
	(Name)	(City)		(State)	
Position		Supervisor			
2. Place					
	(Name)	(City)		(State)	
Position		Supervisor			
3. Place					
	(Name)	(City)		(State)	
Position		Supervisor			

REFERENCES: List below the names and address of the three people you asked to complete your Reference Evaluation Forms.				
1. Name	Title			
Address				
2. Name	Title			
Address				
3. Name				
Address				
I hereby waive my right to review these referen		 Date		
(If you sign the "waive" statement mark the spa	Signature			
(ii you sign the waive statement mark the spa	·	Evaluation Forms.)		
I do not waive my right to review these referen	or			
I do not waive my right to review these referen	Signature	Date		
(If you sign the "do not waive" statement, mark	the space for "open" on your Reference	Evaluation Forms.)		
Be sure <u>you</u> have marked your Reference Evalu	uation Forms as either <u>Confidential</u> or <u>O</u>	pen.		
ADMISSIONS INFORMATION (Please check):				
Anticipated start date	ol Counseling ☐MS - Clinical Menta	al Health Counseling		
BASIC INFORMATION (Please check):				
I learned about this program from:				
UNT Dallas website	Graduate School Recruiting Event			
Internet Search	UNT Dallas faculty			
Current UNT student or Graduate	Other (please specify)		
If you have a disability, you should contact the UNT	Dallas Office of Student Affairs (http://www.	untdallas.edu/student-affairs) well		

in advance of Orientation & Interview day to ensure your application process is equitable.