

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]

() School Counseling

() Counseling (select one):

_____ Clinical Mental Health Counseling
_____ Marriage, Couple, and
_____ Family Counseling

() Student Affairs in Higher Education

Insert a head and shoulders
photo here.

-----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 _____