



CAMPBELL
UNIVERSITY

School of Education

**APPLICATION FOR GRADUATE ADMISSION FOR COUNSELING PROGRAMS
IN THE SCHOOL OF EDUCATION**

Name:		
Address:		
City:	State:	Zip:
Social Security Number:		Date of Birth:
Email Address:		Phone Number:
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Resident Alien or Other eligible Non-Citizen		
Semester and Year You Wish to Register:		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II Year _____		
<p>You do not have to have a teaching license for these two programs; however, the School Counseling program does require two additional courses if you do not currently hold a teaching license.</p> <p><input type="checkbox"/> M.Ed. School Counseling</p> <p><input type="checkbox"/> M.A. Mental Health Counseling</p>		
Add-on Licensure Only-You must already have a Master's degree to be admitted into one of these programs.		
<input type="checkbox"/> M.Ed. School Counseling – Add-on Licensure Only		
Are you currently licensed to teach? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In what state(s) are you licensed to teach?		
What grade level do you teach?		
Graduate Record Exam (GRE) scores must be submitted from the testing facility for consideration by the graduate committee in order to be fully admitted into any graduate program. Have you taken the GRE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, when do you plan to take it?		
Are you eligible for VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been charged or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain _____		

Please list all degrees you currently hold and the name of the college or university you attended: (An official transcript from each of the schools listed below must be requested by the applicant. Transcripts are to be sent to the School of Education Graduate Admissions Office, PO Box 369, Buies Creek, NC 27506.

Undergraduate Degree and University Attended:

Graduate Degree and University Attended:

Professional Goal Statement

Include a 4- page maximum, typed and double-spaced essay, discussing your professional goals. This essay will be read by the faculty prior to your interview, and if granted an interview, your responses may be discussed further at that time. This essay is taken into consideration for admission into both counseling program tracks – school and mental health.

The following documents and scores must be submitted to the School of Education Graduate Admissions Office; dstrickland@campbell.edu or PO Box 369 Buies Creek , NC 27506.

1) Transcripts

2) GRE Scores (Please use code 5100 at testing center) You can also submit the Test Taker Report from ETS until your official scores are received in the admissions office.

3) Please include a copy of your resume with application.

4) Three (3) letters of reference. The references must be from three (3) professional persons who have been directly involved in the applicant's academic or professional work. The forms can be obtained from the School of Education Graduate Admissions Office or on our website. The completed forms must be in a sealed envelope and signed by the person giving the reference on the back of the envelope across the seal. The applicant must submit the references with the application to the School of Education Graduate Admissions Office at P.O. Box 369, Buies Creek, NC 27506.

All applicants must have an interview with the coordinator of the program. When all application requirements have been met Ranae Strickland dstrickland@campbell.edu will contact you with dates and times for your interview.

The following information is not considered for admission but Campbell University is required by the U.S. Department of Health and Human Services to report on the racial composition of its student enrollment. However, self-identification by ethnic background is entirely voluntary. To assist us, please answer the following questions:

Please designate your ethnicity by choosing one of the following:

☐ Hispanic or Latino or ☐ Not Hispanic or Latino

Please choose one or more races that apply to you:

☐ Asian ☐ Native American/Native Alaskan ☐ White ☐ Black or African American

Native Hawaiian or Other Pacific Islander ☐ Other

Please choose your gender: ☐ Male ☐ Female

Please note: After you complete the required courses for licensure, you must apply for your license. The application for licensure can be obtained in the Dean's office from Charity Tart.

A \$55.00 application fee must accompany this form. Checks or money orders should be made payable to Campbell University. Send the completed application, fee, and completed reference forms to the School of Education, Graduate Admissions, P O Box 369, Buies Creek, NC 27506. If you have questions, please call Ranae Strickland at 910-814-5515 or 800-334-4111, ext. 5515.

Signature_____ Date_____