



COUNSELING PROGRAM

APPLICATION FOR CANDIDACY

Personal information:

Name: _____ Date: _____

Address: _____

Cell phone: _____ Home Phone: _____

Marshall email: _____ Student ID (901): _____

Personal (permanent) email: _____

Current GPA: _____ Hours completed: _____ Hours currently enrolled: _____

Emphasis area: Clinical Mental Health Counseling _____ School Counseling _____

Please enter the semester and year in which you completed the following courses and submit a brief statement answering the questions listed below.

Initial Program Courses completed:

600 Semester/year _____

In reference to this course, what have you learned academically, professionally, and personally that you can take with you into the remainder of your studies and/or future career?
(Limit 300 characters)

574 Semester/year _____

In reference to this course, what have you learned academically, professionally, and personally that you can take with you into the remainder of your studies and/or future career?
(Limit 300 characters)

602 Semester/year _____

In reference to this course, what have you learned academically, professionally, and personally that you can take with you into the remainder of your studies and/or future career?
(Limit 300 characters)

EDF 621 Semester/year _____

In reference to this course, what have you learned academically, professionally, and personally that you can take with you into the remainder of your studies and/or future career?
(Limit 300 characters)

Additional courses taken:

Course number and semester/year enrolled _____

In reference to this course, what have you learned academically, professionally, and personally that you can take with you into the remainder of your studies and/or future career?
(Limit 300 characters)

Course number and semester enrolled _____

In reference to this course, what have you learned academically, professionally, and personally that you can take with you into the remainder of your studies and/or future career?
(Limit 300 characters)

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

When this form is complete with both signatures, please submit via email or postal service to Barbie Norvell prior to the deadline for each semester posted below:

Fall semester deadline - December 1

Spring semester deadline - May 1

Summer semester deadline - August 1

Failure to submit by the deadline may result in your enrollment being delayed a semester.