Admission Cover Page

Last Name: ____________________________ First Name ____________________________
Mailing Address: ________________________ City: ________________ Zip: _______
Home Phone: ________________________ Daytime Phone: ___________________
Email: ______________________________

Term Applying for (Check One Term only)
   Spring       Fall       Year 20____

Education Objective: Please check all that apply

1.  M.A. In Counseling
2. Pupil Personnel Service Credential
3. CWA
4. LPCC

What Semester do you plan to graduate in: _______/____

You have included the followings:

- Autobiographical and Professional Goals Statement (at least 2 pages)
- Letters of Recommendation How many included? ____

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Please include cover sheet with your autobiographical and professional goals statement, and 3 letters of recommendations.

Mail To: Department of Counselor Education
San Jose State University
One Washington Square, SH 404
San Jose, CA 95192-0073

Signature of Applicant ________________________________ Date _________________

Revised 07/20/2016