

Cover Page

Admission to the Department of Counselor Education

Personal Information:

Last Name: _____ First Name: _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Daytime Number _____

Email: _____

Term Applying for (check one term only)

☐ Spring ☐ Fall Year: 20_____

Education Objective

☐ M.A. in Counselor Education ☐ PPS Credential

You have included the followings:

☐ Autobiographical and Professional Goals Statement (at least 2 pages)

☐ Letters of Recommendation How many included? _____

Name	Address	Position and Institute	When will be sent (if sent separately)

Please sent this cover page, autobiographical and professional goals statement,
and 3 recommendation letters to:

Department of Counselor Education
San Jose State University
One Washington Square
San Jose, CA 95192-0073

Signature of Applicant _____ Date _____