

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

Phone: 408-924-3634  
Fax: 408-924-4137

## 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 \_\_\_\_\_