

Admission Cover Page

One Washington Square
Sweeney Hall 404
San Jose CA 95192-0073

Phone: 408-924-3634
FAX: 408-924-4137

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:

1. M.A. In Counseling 2. Pupil Personnel Service Credential 3. Both Masters & PPS

You have included the followings:

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

Name	Address	Position & Institute	Sent Date

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 _____

