



# DEPARTMENT OF COUNSELOR EDUCATION

## 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: 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? \_\_\_\_

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 \_\_\_\_\_