



Nicholls State University

Graduate Program in Clinical Mental Health Counseling

PROGRAM APPLICATION

Name: _____ Phone: (W) _____ (H) _____

Address: _____ State: _____ Zip: _____

GRE Score: Verbal _____ Quantitative _____ Advanced (Optional) _____

Undergraduate GPA: (Overall) _____ (Last 60 Hours) _____ Graduate GPA: _____

Please type. Attach additional sheets if necessary.

1. Why are you applying to the program?

2. Describe personal qualities and professional experience or training that would be assets to the program and the profession.

3. What personal or professional qualities do you possess that you feel would need to be strengthened to function effectively as a clinical mental health counselor?

4. How do you conceptualize the role of the clinical mental health counselor?



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5. What are your eventual career goals?

6. There are a limited number of graduate assistantships available. Do you want to apply for an assistantship? _____ YES _____ NO

7. List the name and phone number of the persons who are writing letters of recommendation for you.

Name	Phone Number	Your Relationship With this Person	How long you have known this person
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

This application is true and correct to the best of my knowledge. I understand that acceptance to the Graduate Studies at Nicholls State University does not imply acceptance to the Masters in Clinical Mental Health Counseling Program.

Signature

Date