



Department of Counselor Education

Department Application for Admission Consideration

(Please complete application electronically with original signatures)

1. Name _____ 2. WIU # _____

3. Current Mailing Address _____ Home Phone () _____
Street Cell Phone () _____

City State Zip

4. Email Address _____

5. Current Employment- Name _____ Office Phone () _____

Street

City State Zip

6. Chronological Summary of Education

Dates	Institution	City, State	Major, Degree, Etc.
-------	-------------	-------------	---------------------

** If cumulative GPA is less than 2.75, please indicate date GRE taken _____

7. Chronological Summary of Work Experience

Dates	Employer	City, State	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Area of Interest (check one)

Clinical Mental Health Counseling School Counseling* School Counseling Licensure Only*

* (yes/no) If school, are you currently teacher certified in the State of Illinois?*

If yes, please submit documentation verification.

* (yes/no) If school, have you passed the Illinois Basic Skills Test?*

If yes, please submit documentation verification.

If no, please indicate date test will be taken _____.

9. When do you plan to begin your studies? Fall Spring Summer Year

Full Time

Part Time

10. The following information may be supplied at the applicant's option. Please check as many as applicable.

American Indian/Alaskan Native

Hispanic/Latino

Asian/Pacific Islander

Caucasian/European

African American/Black

Multiracial

11. Please indicate where you heard about the Department of Counselor Education:

12. Please submit an essay with your application. The essay must be typewritten, double-spaced, 300-500 words.

Topic: ***“What beliefs do you hold about the capacity of people to change? How can change best be facilitated?”***

Please read and sign 13 through 17:

13. I understand that the Selection and Retention Committee for graduate studies in Counselor Education is usually comprised of faculty, alumni, and professionals from their community, all of whom will have the opportunity to review my application materials, including references, and transcripts, for the purpose of assessing my admissibility to the Department of Counselor Education at Western Illinois University.

Signature

Date

14. All applicants are expected to read the Code of Ethics for the American Counseling Association prior to their screening interview. The document is available on the World Wide Web at www.counseling.org (follow the link “resources,” then “ethics”). I verify that I have read the ACA Code of Ethics and will comply with these guidelines while enrolled in the Department of Counselor Education. I understand that if I do not comply with the ethical standards, I will not be permitted to remain enrolled in the Department of Counselor Education.

Signature

Date

15. Field placement sites, the Illinois State Board of Education, and the Department of Professional Regulation will require criminal background checks. This could result in not being placed in a field site and/or not getting certified or licensed.

Signature

Date

16. Students admitted to the Department of Counselor Education are expected to comply with the Illinois State Police and FBI fingerprint background investigation requirements as set forth by the Department of Counselor Education, Background Investigation Policy. Students who do not comply will not be allowed to register and/or attend classes in the Department of Counselor Education.

Signature

Date

17. Students admitted to the Department of Counselor Education must successfully complete the CPCE to meet graduation requirements.

Signature

Date

Return completed original form and essay to:

Department of Counselor Education
Western Illinois University- Quad Cities
3300 River Drive
Room 2427
Moline, IL 61265-5881