



Counseling Psychology  
 Educational Psychology  
 College of Education  
 Phone: (313) 577-1614; Fax: (313) 577-5235  
<http://coe.wayne.edu/tbf/educational-psychology/counseling-index.php>

**Program Area Application for the Admission to the  
 COUNSELING PSYCHOLOGY M.A. PROGRAM**

Name \_\_\_\_\_ Previous WSU ID \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Present Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Date Graduate Record Exam (GRE) taken or scheduled \_\_\_\_\_

**EDUCATION**

*(List attendance for all high schools, colleges, or universities, professional, and graduate schools.)*

Name/Location of School	Last Grade Completed	Major and Degree

Recent courses or workshops taken: \_\_\_\_\_

Which subjects did you like most? \_\_\_\_\_ the least? \_\_\_\_\_

In which subjects did you receive your best grades? \_\_\_\_\_

In what extra-curricular activities did you participate? \_\_\_\_\_

### WORK EXPERIENCE

*(List your present or most recent job first.)*

1. Name of employer and location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Description of job: \_\_\_\_\_

\_\_\_\_\_

2. Name of employer and location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Description of job: \_\_\_\_\_

\_\_\_\_\_

3. Name of employer and location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Description of job: \_\_\_\_\_

\_\_\_\_\_

Which of the above jobs did you like the best? \_\_\_\_\_

Least? \_\_\_\_\_

### CONVICTION/REVOCAION INFORMATION

	YES	NO
1. Have you ever been convicted of, pled no contest to, or pled guilty to a felony? (Check one)	_____	_____
2. Have you ever been convicted of, pled no contest to, or pled guilty to a misdemeanor involving a minor? (Check one)	_____	_____
3. Have you had a school psychologist, teaching or administrator certificate suspended or revoked? (Check one)	_____	_____

ACTIVITES

What do you do in your spare time? (Sports, music, hobbies, etc.)\_\_\_\_\_

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Which do you like most?\_\_\_\_\_

To what clubs or organizations do you belong?\_\_\_\_\_

In which of these have you been or are you an officer?\_\_\_\_\_

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If you had the time and the money, what other things would you like to do in your spare time?

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What books or articles have you read recently?\_\_\_\_\_

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What newspapers, magazines, or social media sites do you read/follow most frequently?

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Please indicate any experiences you had that were counseling or therapy related. \_\_\_\_\_

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Why do you wish to become a psychologist? \_\_\_\_\_

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What qualities do you possess that will help you become a competent psychologist? \_\_\_\_\_

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What person(s) or learning experiences have informed you about the work of a psychologist? \_\_\_\_\_

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What are your long-range goals, both academically and as a psychologist? \_\_\_\_\_

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List all Psychology or Educational Psychology courses you are submitting as a prerequisite for admission. You must have a total of 15 hours.

University	Course number	Course name	Credit hours	Grade	Date/Semester

List the names of your references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*By submitting this application, you are certifying that you are capable of meeting all of the essential requirements of this program and functioning in the full role of the counseling psychologist. Submitting this application serves as your signature and confirmation of your agreement.*

If you have additional questions about the field and program, please contact:

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