UNIVERSITY OF MARY HARDIN-BAYLOR
Masters of Arts in Psychology & Counseling
Program Application

(Please type or print)

SS#_____

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Program Choice

_____ Community Counseling (LPC, LPA)
_____ Educational Psychology (Public School Counseling)
_____ Marriage and Family Christian Counseling (LMFT)
_____ Academic Specialization
_____ Non-Degree Seeking

Work and/or Volunteer Service in the Field of Psychology/Counseling

Employer Position Dates

_____

_____

_____

_____

Professional References (Those who can attest to your ability to be successful in graduate work)

Name Address E-Mail (If Any)

1. _____

2. _____

3. _____

How did you hear about this program? _____

Have you ever been convicted of a felony? ☐ yes ☐ no
Have you ever been given a ticket or fined for a DWI? ☐ yes ☐ no
Have you ever been dismissed from another University for student misconduct? ☐ yes ☐ no
Do you give your permission for a criminal background check to be conducted on you? ☐ yes ☐ no
Have you ever been diagnosed with a mental disorder? ☐ yes ☐ no
If yes, please explain_____

_____

_____ _____
Student Signature Date

_____ _____
Faculty Signature Date