



# Counseling Program Application Understanding and Acknowledgment

**By completing this application, I confirm that I understand and agree to the Counseling Program Application Deadline Requirements as explained below.**

All Program Application Materials must be turned into the Counseling Program Office by 5:00pm on the day of the Application Deadline. All Transcripts should be sent to the UNT Graduate Admissions Office at least 1 month prior to the Application Deadline to ensure all materials are processed by their Office by 5:00pm on the day of the Counseling Programs Application Deadline Date.

The Graduate Admissions Office must have ample time to process your Application and items requested in order to send the Counseling Program Office your completed application by the deadline date. Sending in items with less than 1 month before the deadline could result in your application not being processed fully by the deadline date.

It is the responsibility of the Applicant to stay updated and informed with the Graduate Admissions Office on what materials they are requesting and their status.

I (the applicant) understand that if all Counseling Program Application Materials are not received by the Counseling Program Office by 5:00pm on the day of the deadline, my application will not be considered for admissions for that semester. Furthermore, I understand that if the Graduate Admissions Office was not given ample time to complete their processing of my application by 5:00pm on the day of the deadline, my application will not be considered for admissions for that semester.



**APPLICATION FOR ADMISSION TO THE MASTERS PROGRAM IN COUNSELING**

Complete and return this form to the counseling program office via mail or [COE-Counseling@unt.edu](mailto:COE-Counseling@unt.edu).

If sending by FedEx, DHL, or UPS:

UNT Counseling Program  
425 s. Welch St.  
Welch Street Complex 2, Suite 101  
Denton, TX 76203

If sending by United States Postal Service:

UNT Counseling Program 1155  
Union Circle #310829 Denton, TX  
76203

Full Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
                    First                    Middle                    Last

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Education History: List most recent first

Institution	Location	Degree Earned	Major/Minor	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment: List most recent first

Place	Position	Location	Supervisor	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References: List the three people you have asked to complete your reference evaluation forms

Name	Title	Relationship	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: Check the program you wish to apply to:

- Clinical Mental Health Counseling MS Program at DENTON campus
- School Counseling MS Program at FRISCO campus
- School Counseling MEd Program at FRISCO campus

**Clinical Mental Health Counseling ONLY admits in the Fall and Spring.**

**School Counseling ONLY admits in the Summer.**

Check your anticipated start semester:

- Fall
- Spring
- Summer (Only choose if our are applying to School Counseling)
- Anticipated Starting Year: \_\_\_\_\_

Have you ever been convicted of a criminal charge or deferred adjudication, other than a minor traffic violation? If yes, please provide details about the charge(s)/adjudication below. (Please note that failure to disclose criminal history may result in dismissal or rescinded admission to the Counseling Program or in delay of ongoing enrollment in program coursework.)

Yes  No

If yes, please provide details below:

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I learned about this program from:

- Internet Search
- Facebook
- Twitter
- Guidance Counselor
- Current UNT Student or Graduate
- Publication (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_