

Application for Ph.D. in Counseling

- Miami Shores Campus**
 Orlando Campus

For Office Use Only \$30 FW NM

GENERAL INFORMATION: *(Please print or type)*

Legal Name _____
(Last) *(First)* *(Middle)*

Indicate any other name (married, maiden, adoptive) which may appear on your credentials _____

Mailing Address _____ Apt # _____

City _____ State _____ Postal Code _____ Country _____

Phone (_____) _____ Work (_____) _____ Ext. _____ Fax (_____) _____

Citizenship _____ Resident Alien # _____
(Please include photocopy of both sides of Resident Alien card.)

Social Security Number* _____ - _____ - _____ E-mail address _____

Gender Male Female Birthplace** _____ Birthdate** _____

If you wish to be identified as a member of a racial/ethnic group, please indicate which group.**

- American Indian or Alaskan Native Asian or Pacific Islander Black or African American Hispanic White/Caucasian
 Other _____

ANTICIPATED ENROLLMENT

Expected Entry Date: Fall 20____ Spring 20____ Summer I, 20____ Summer II, 20____ Status: Part-Time Full-Time

EDUCATIONAL BACKGROUND

List, in chronological order (most recent, last), all colleges and professional schools attended. It is the responsibility of the applicant to request that **an official transcript from each school be sent directly to Barry University, Division of Enrollment Services, Office of Admissions, 11300 N.E. 2nd Ave. Miami Shores, Florida 33161-6695.** If a degree is pending, request one transcript to be forwarded immediately and one when the **degree is posted** on the transcript. Specify any other names which may appear on transcripts. Use separate sheet if needed.

Name, city, state, country of institution(s) attended (Do not use acronyms)	Dates of Attendance	Degree	Date Received/Expected
	From		
	To		
	From		
	To		
	From		
	To		

Applicants who do not give evidence of being native English speakers are required to take the TOEFL. Date taken _____ Score _____
 Please arrange for an **official** score report to be sent to Barry University, Office of Admissions, 11300 NE 2nd Avenue, Miami Shores, FL 33161-6695

Date GRE taken: _____ GRE DATA (To be verified with **official** score report):

SCORES: _____ Verbal _____ Quantitative _____ Writing _____ **Total**

List your current certifications and/or licensures:

Type	Number	Areas
_____	_____	_____
_____	_____	_____

*Applicants for admission are advised that the requested disclosure of their Social Security Number is voluntary. All Barry applicants will be assigned a seven-digit identification number. The Social Security Number will be used as a cross-reference identification number only. It will not be used to identify student records such as grade reports or permanent academic records, nor to certify school attendance and report student status. A student who wishes to apply for federal or state grants, loans, and other financial aid programs is required to supply the Social Security Number. The student's Social Security Number will not be disclosed to individuals or agencies outside Barry University except in accordance with Barry University policy on student records.

**Birthplace and birthdate are required for international applicants in order to complete an I-20 student visa application form. For all other applicants, the information gathered concerning birthplace, birthdate, gender, marital status, racial/ethnic group, or languages spoken will be used for administrative and reporting purposes only. The applicant is not required to answer these questions and refusal to answer them will not affect admission. Any information given by the applicant in answer to these questions will be kept confidential.

Summary of professional experience: List chronologically (avoid gaps of time) all professional positions held in the past 10 years beginning with most recent. Feel free to add comments. Use separate sheet if needed.

Job Title	Dates From/To	Organization Name & Address	Summary of Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional activities and qualifications for the doctoral program: List memberships, appointed positions, elected offices in professional and community organizations which you now hold or have held and the dates. List honors/awards received with dates. List special travel or study with dates. List published professional writings and conference/workshop presentations. Use separate sheet if needed.

Recommendations: List below persons to whom you have submitted the recommendation form. Indicate the capacity in which each has known you. It is the responsibility of the applicant to request recommendations in support of his/her application from the individuals listed below. These recommendations will become a part of the permanent file of the applicant. **All recommendations are to be sent directly to Barry University, Division of Enrollment Services, Office of Admissions, 11300 N.E. Second Ave., Miami Shores, Florida 33161-6695.**

1. EMPLOYER

Name _____ Phone (____) _____

Title _____ Capacity _____

Address _____
(Street & Number) (City) (State) (Postal Code)

Company/Institution Name and Address _____
(Street & Number) (City) (State) (Postal Code)

2. ACADEMIC (GRADUATE STUDY):

Name _____ Phone (____) _____

Title _____ Capacity _____

Address _____
(Street & Number) (City) (State) (Postal Code)

Company/Institution Name and Address _____
(Street & Number) (City) (State) (Postal Code)

3. PROFESSIONAL CONTACT:

Name _____ Phone (____) _____

Title _____ Capacity _____

Address _____
(Street & Number) (City) (State) (Postal Code)

Company/Institution Name and Address _____
(Street & Number) (City) (State) (Postal Code)

I hereby apply for admission to the Counseling Doctoral Program in the Barry University Adrian Dominican School of Education. I certify that the information given in this application is complete and accurate. I realize that my application cannot be reviewed until all requested credentials have been received by the Office of Admissions, that it is my responsibility to support these credentials, and that concealment of any college work or any other misrepresentation - both undergraduate and graduate - will void my application. If accepted, I agree to comply with the regulations of the University and to pay all fees required. I understand that all credentials become the property of Barry University.

Signature _____ Date _____

Barry University is committed to extending equal opportunity to all who qualify academically.

Barry University provides reasonable academic accommodations in compliance with all Federal and State Laws. If you require accommodations for preadmission meetings, contact your admissions counselor. Upon acceptance to the University, you may contact the Office of Disability Services at voice/phone 305-899-3488 or fax 305-899-3056 or e-mail disabilityservices@mail.barry.edu to arrange for any accommodations you may require and to submit appropriate documentation. Additional information can be found at www.barry.edu.