

BARRY UNIVERSITY

Ph.D. in Counseling Application
Miami Shores & Orlando Campuses

GENERAL INFORMATION: (Please print or type)

Mr. ___ Sr. ___ Name: _____
Ms. ___ Br. ___ Last First Middle/Maiden
Dr. ___ Rev. ___ Mailing Address _____ Apt. # _____
(Street or P.O. Box)

City _____ State _____ Zip Code _____ County _____ Country _____

Home Phone (_____) _____ Work Phone (_____) _____ Ext. _____ Beeper (_____) _____

E-mail Address: _____

Social Security # _____

For identification purposes only

Ethnic Background:

African-American/Black American Indian/Alaskan Native Asian/Pacific Islander Hispanic/Latino White/Caucasian
Used only for University statistical purposes

Citizenship _____ Resident Alien # _____
Enclose photocopy of card (both sides)

Birthdate _____ Birthplace _____

Gender: Male Female

(This information is required for international applicants in order to complete an I-20 student visa application form.)

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.** Specify any other names which may appear on transcripts. Use separate sheet if needed.

Name, city, state, country of institution(s) attended	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, FL 33161

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

SCORES: _____ Verbal _____ Quantitative _____ Analytical _____ **Total**

List your current certifications and/or licensures:

Type	Number	Areas
_____	_____	_____
_____	_____	_____

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) (Zip)

Company/Institution Name and Address _____

2. PROFESSIONAL (GRADUATE STUDY):

Name _____ Phone (____) _____

Title _____ Capacity _____

Address _____
(Street & Number) (City) (State) (Zip)

Company/Institution Name and Address _____

3. PROFESSIONAL CONTACT:

Name _____ Phone (____) _____

Title _____ Capacity _____

Address _____
(Street & Number) (City) (State) (Zip)

Company/Institution Name and Address _____

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 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.

_____ Signature _____ Date _____