

**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

Home Phone: ( ) - Work Phone: ( ) - Cell Phone: ( ) -

E-Mail: \_\_\_\_\_

**Program Choice**

- ☐ Clinical Mental Health Counseling Program (LPC, LPA, NBCC)  
☐ Marriage and Family Christian Counseling Program (LMFT)  
☐ School Counseling and Psychology Program (Texas Public School Counselor)  
☐ 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?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been given a ticket or fined for a DWI?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been dismissed from another University for student misconduct?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you give your permission for a criminal background check to be conducted on you?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been diagnosed with a mental disorder?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Student Signature Date

Faculty Signature Date