

Graduate Status Record • Doctor of Philosophy
Center for Counseling and Family Studies

STEP 1 Student Information

Mr. Mrs. Miss

Legal Name Last First Middle Maiden

SS# Email Address

Mailing Address

City State Zip

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Home Phone Work Phone

STEP 2 Academic Record

Master's Degree from: _____
(Institution)

Master's Degree in: _____ Cumulative Graduate GPA

Other Degrees earned: _____
(Area of Specialization)

<i>Degree</i>	<i>Major</i>	<i>Institution</i>	<i>Cum GPA</i>	<i>Graduation Date</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Work Experience (since completion of the Master's Degree):

<i>Position</i>	<i>Institution</i>	<i>Dates of Service</i>
_____	_____	_____
_____	_____	_____

GRE Scores: _____
Verbal Quantitative V+Q Combined Analytical

MAT Scores: _____

Semester you anticipate beginning this program _____ Target semester for completion of the degree _____ 4-1-02

STEP 3 Professional Licensure (Please explain if answered yes below)

<i>Active License</i>	<i>Granting Institution</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____

- 1) Have you had any of the following restricted, revoked, suspended, placed on probation, refused, cancelled, or voluntarily surrendered?
 a.) State license, certification or registration: Yes No
 b.) Malpractice insurance: Yes No
- 2) Has a claim or suit for alleged malpractice been brought against you or are you aware of any incident that might reasonably lead to such a claim or suit? Yes No
- 3) Have you ever been convicted of a felony or is any such case pending? Yes No
- 4) Have you had any complaints or charges brought against you by any licensing board or professional ethics body? Yes No