

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

STEP 1 Student Information

Legal Name	Last	First	Middle	Maiden
Social Security Number			Email Address	
Mailing Address () -		City () -		State Zip
Home Phone		Cell Phone		

STEP 2 Academic Record

Master's Degree from: _____
 (Institution Name)

Master's Degree in: _____ Cumulative Graduate GPA: _____
 (Area of Specialization)

Other Degrees Earned:

Degree	Major	Institution	Cum GPA	Graduation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Educational Experience (Since Completion of the Master's Degree)

Position	Institution	Dates of Service
_____	_____	_____
_____	_____	_____

Briefly describe your faith:

STEP 3 Professional Licensure (Please explain if answering yes to questions below)

License	Granting Institution	Date
_____	_____	_____

- 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
- 5) If you said yes to any of the above, please describe (use additional paper if needed. Be specific and clear).