

**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
Social Security Number			Email Address	
Mailing Address (       )       -		City (       )       -		State       Zip
Home Phone		Work Phone		

**STEP 2 Academic Record**

Master's Degree from: \_\_\_\_\_  
(Institution Name)

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

Other Degrees Earned:

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

Educational 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

Semester you anticipate beginning this program \_\_\_\_\_ Target semester for completion of the degree \_\_\_\_\_

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

<i>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