

Counseling Psychology Biographical Information Form

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Legal name if different than above (to match documentation with Graduate College records): _____

Pronouns: _____

Please list any previous names or aliases: _____

Are you a U.S. Citizen or Permanent Resident? Yes ___ No ___

If no, please indicate country of citizenship: _____

Mailing Address: _____

Preferred Phone Number: _____

Email Address: _____

EDUCATION

Undergraduate Degree

Institution: _____

Major/Area: _____

Date Obtained/Expected: _____

Undergraduate Honors Thesis (check one): Yes ___ No ___

If yes, please supply title: _____

Graduate Degree

Institution: _____

Program/Degree: _____

Date Obtained/Expected: _____

Research Experience

Masters Thesis (check one): Yes ___ No ___

If yes, please supply title: _____

Date Thesis Proposal Completed/Expected: _____

Date Thesis Defense Completed/Expected: _____

Please include thesis abstract below:

Clinical Experience

Was a clinical practicum part of your masters degree? Yes ___ No ___

If yes, in what type of setting? _____

If yes, how many direct client contact hours did you earn? _____

If yes, briefly list intervention types and/or client population(s): _____

Was a clinical internship part of your masters degree? Yes ___ No ___

If yes, in what type of setting? _____

If yes, how many direct client contact hours did you earn? _____

If yes, briefly list intervention types and/or client population(s): _____

PROGRAM INFORMATION

Please specify up to three (3) [Counseling and Counseling Psychology faculty members](#) who match your research and professional interests. We invite you to contact these faculty of interest to discuss possible research/professional fit.
