

INTENT TO APPLY FORM -- MENTAL HEALTH COUNSELING PROGRAM

Semester Planning to Apply:

Fall 20__

Spring 20__

This is to be sent in IMMEDIATELY to the Department. All other materials (official transcript, application, three letters of recommendation, résumé, goal statements, and autobiographical statements) are not due until the deadline.

I intend to pursue application to the Mental Health Counseling program, Department of Educational Leadership, Counseling, and Postsecondary Education, University of Northern Iowa.

Name _____

Address (H) _____

(W) _____

Phone (H) _____

(W) _____

E-mail address: _____

Please indicate whether you intend to be a

full-time [9 hours or more] _____

or part-time student [6 hours or less] _____

Please list graduate counseling courses you have taken or are currently enrolled in:

Course Number

Course Title

Semester Taken