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# APPLICATION FOR COUNSELING SPECIALIZATIONS

APPLYING FOR: (check one)

- CAREER  MENTAL HEALTH  CHILD AND ADOLESCENT   
COUPLE AND FAMILY  ADDICTIONS  WELLNESS

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## THE FOLLOWING HAVE AGREED TO BE CONTACTED AS REFERENCES:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: Colleague  Supervisor  Professor

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: Colleague  Supervisor  Professor

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## CHECKLIST

In addition to the above, enclose the following:

- Transcript (a copy of your student transcript from your M.A. is adequate).
- Copy of professional license or other credential. (if applicable)
- A typewritten statement of intent and goals (not to exceed 2 pages).

Please return to: Oakland University  
491B Pawley Hall  
Rochester, MI 48309  
Phone: (248) 370-4179  
Fax: (248) 370-4141

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