| Instructions: All provisionally admitted program majors must complete an application for Unconditional Admission after completion of 9 to 12 semester hours in your program courses. A student cannot enroll in any further courses until such time as this application is completed. Submit the completed application to the Counseling Office – SOE 329. |
| --- |
| Last Name:       | First Name:       | Middle Initial:   |
| BANNER ID:       | Email Address:       |
| Local Address:       | City:       | State:    | Zip:       |
| Cell Phone: (     )     -      | Home Phone: (     )     -      |
| University Supervisor:       |
| Program: [ ]  Mental Health Counseling – Clinical [ ]  School Counseling[ ]  Mental Health Counseling – Rehabilitation [ ]  PhD RCRCEAttach a copy of unofficial transcript verifying courses |

**Initial Program Courses Completed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Date** | **Grade** | **Instructor** |
|       |       |    |       |
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| G.P.A. |       |  | Verified by: |  |
|  |  |  |  | Staff Signature |

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Student’s Signature Date Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature Date Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Admission Chair’s Signature Date Date

 Forwarded to the Graduate School \_\_\_\_\_\_\_\_\_\_\_

Comments: Date

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Chair’s Initials Date