



# Prescott College Master of Science in Counseling Application Form

## Biographical Information

Full Name \_\_\_\_\_  
Last First Middle

Former Name(s) \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Social security number \_\_\_\_\_ Email address \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

US Permanent Resident Alien Registration # \_\_\_\_\_ Visa Type  F-1  H-B  J

State and country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender  Male  Female

Tribal Affiliation (if applicable) \_\_\_\_\_

The following is optional and will be used for statistical purposes only. Check all applicable boxes.

- African American    Native Hawaiian or other Pacific Islander    Caucasian    Native American/Alaska Native    Hispanic  
 Asian    Two or more races

Do you intend to apply for financial aid?  Yes  No      Are you a veteran?  Yes  No

How did you hear about Prescott College? \_\_\_\_\_

## Master of Science Applicants

For which Limited-Residency Master of Science enrollment period are you applying?    Fall 20 \_\_\_\_      Spring 20 \_\_\_\_

- Specialization Area:    Clinical Mental Health       Couple and Family Therapy     Addiction Counseling       School Counseling  
 Clinical Mental Health (Somatic Psychology Emphasis)       Rehabilitation Counseling

Are you applying as a  degree seeking    or     a post-masters certificate student?

For which concentration area are you applying for, if any?

- Equine Assisted Mental Health    Ecotherapy       Expressive Art Therapy    Adventure-based Psychotherapy

## Course-Only Applicants

For which enrollment period are you applying?    Fall 20 \_\_\_\_      Spring 20 \_\_\_\_

**Educational Information**

List all colleges and/or universities in which you were enrolled or from which you have received credit since high school. Include all colleges and/or universities, regardless of how many credits you earned or the nature of the program.

College/University	City/State	Dates attended		Degree earned (major)
		From mo./yr.	To mo./yr.	
_____	_____	/	/	_____
_____	_____	/	/	_____
_____	_____	/	/	_____
_____	_____	/	/	_____
_____	_____	/	/	_____
_____	_____	/	/	_____

Have you previously applied to Prescott College?  Yes  No Term applied for \_\_\_\_\_

Have you previously attended Prescott College?  Yes  No Dates Attended \_\_\_\_\_

If so, which program:

- On-Campus Undergraduate Program
- Limited-Residency Undergraduate Program
- Master of Arts Program/Post Master's

Have you ever been served with a restraining order; or a protection order; or been convicted of a misdemeanor, felony or other crime? Have you ever been found responsible for a disciplinary violation at an educational institution you attended from college (or the international equivalent) forward whether related to academic misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?

Yes  No If Yes, please attach a separate piece of paper that gives the approximate date of each incident and explains the circumstances.

I certify that the information in this application and personal statement is, to the best of my knowledge, complete, true, and solely my creation. I understand that my application and acceptance into Prescott College may be rescinded if I have not complied with this statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Prescott College is accredited by the Higher Learning Commission ((312) 263-0456 or www.ncahlc.org) and is a member of the North Central Association of Colleges and Schools. Prescott College does not discriminate on the basis of race, color, gender, age, religion, condition of handicap, sexual orientation, or national or ethnic origin in the administration of its educational policies, scholarship and loan programs, or any other College administered program.

**Submit application materials to:**

admissions@prescott.edu

Prescott College Admissions Office

220 Grove Ave.

Prescott, AZ 86301

(928) 350-2100

(877) 350-2100

Fax: (928) 776-5242