

**Application for Admission Supplement:
Master of Arts in Professional Clinical Counseling**
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Applicant Information:

Legal First Name: _____ Legal Last Name: _____

Email Address: _____ ID Number (if known): _____

New Desired Program: Master of Arts in Professional Clinical Counseling Initials: _____ Date: _____

New Desired Start Term: Fall Spring Summer Year: _____

Autobiographical Statement

Your personal autobiography must be at least three to four typed pages in length and conform to the following guidelines:

- Include childhood, family and (if applicable) marital experiences and the values derived from these experiences in relation to your choice of a career in marriage and family therapy/counseling.
- Incorporate two or three relevant experiences that have helped to shape your development and personality; and
- Discuss how you arrived at this point in your career development. Include any relevant professional experience.

Psychology Licensing and Certification

Agencies typically have regulations denying licensure or certification to anyone who has been convicted of a felony, most especially one which reflects an offence which would be a cause for disciplinary action if committed by one already holding the license. Please contact the licensing board in the state you plan to license for clarification of how a conviction may affect licensing. This clarification should be done before the application for admission to this program is submitted.

I am aware that a criminal background may limit my ability to obtain student liability insurance required for practicum, may limit my practicum site options or prevent me from securing a practicum placement, and may interfere with or prevent me from applying for or obtaining licensure.

Graduate Psychology Applicants are also required to read and acknowledge the items below:

Initials:	Date:	Applicants are required to acknowledge they have read the following policies:	Initials:	Date:	Applicants are required to acknowledge they have read the following policies:

Handbook Review

Please review the

I hereby acknowledge the receipt of the Master of Arts in Professional Clinical Counseling Program Handbook. I realize that I am responsible for reading and understanding the Program Handbook, which contains many of the policies, procedures, rules, and regulations to which I will be subject. I further acknowledge that this Handbook supersedes and replaces any and all prior Program Handbooks. I also understand that it is the intent of the Program Handbook to give me some idea as to the policies to which I will be subject, and that it is not a complete manual. I realize the policies shared in this Handbook may change from time to time.

Ethical & Professional Responsibility Statement

I acknowledge that I, the undersigned student, have read and understand the University of Massachusetts Global Graduate Program in Psychology Program Policy and Procedures contained in the University of Massachusetts Global catalog, and the student code of conduct located in MyUMassGlobal. I understand that my program and/or requirements may be altered only on written request and that the designated Program Director/Associate Dean/Dean must approve any changes. I agree to adhere to the procedures as outlined and understand that any appeal of action under these policies and procedures must be made through the designated Program Director/Associate Dean/Dean.

It is the obligation and responsibility of the university to determine the student's appropriateness and suitability for the helping profession. As a student in a program leading to service in one of the helping professions, I understand that I must meet all program standards and abide by the ethical standards of the profession and the standards outlined within the University's Student Code of Conduct. I also understand that poor academic work, observed professional deficiencies, or any violation of the professional standards or the University of Massachusetts Global student code of conduct will constitute grounds for disciplinary action against me. This may include suspension or termination from the Graduate Program in Marriage and Family Therapy or Professional Clinical Counseling or dismissal from the University of Massachusetts Global.

I have read and understand the ethical standards of the profession of one or more of the professional organizations listed above and will comply with these standards and the University of Massachusetts Global Student Code of Conduct. I agree to the above ethical and professional responsibility statement.

Please type your legal name below to indicate your acknowledgement of all policies above.

Name: _____

Date: _____

This form can be emailed to apply@umassglobal.edu to complete your request to be admitted to the Master of Arts in Professional Clinical Counseling.