

**JOHN CARROLL UNIVERSITY
CLINICAL MENTAL HEALTH COUNSELING PROGRAM
MA IN CLINICAL MENTAL HEALTH COUNSELING**

Supplementary Admissions Information

In order to expedite your possible admission to the Clinical Mental Health Counseling Program, please answer the following questions and return this form with your application. Your application will not be acted upon until the information requested below is provided.

Name:

Social Security Number:

1. Miller Analogies Test Score (Raw Score) _____

-or-

GRE Scores (Verbal) _____ (Quantitative) _____

2. Undergraduate Degree: _____ Major: _____

Cummulative GPA (all work) _____

3. Graduate/Professional Degree: _____ Major: _____

Cummulative GPA (all work) _____

4. Please list all advanced undergraduate or graduate work in the social and behavioral sciences.

NOTE: 12-18 SEMESTER HOURS REQUIRED.

Course Title	Number	Date	Credit Hours	Grade
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PLEASE NOTE: The Clinical Mental Health Counseling Program is a program of professional training designed for those who wish to acquire counseling knowledge and skills to apply to clinical, community, and private practice settings. Although applicants will not necessarily be precluded from admission on the basis of a prior criminal conviction, they are advised that the State of Ohio Counselor and Social Work Board may refuse to issue a license to an individual with a criminal record. In addition, because counselors often interact with vulnerable populations; e.g., children, the elderly, and the disabled, during their training, John Carroll University reserves the right to determine whether a specific prior criminal record justifies denial of admission to the Clinical Mental Health Counseling Program.

5. Have you ever been convicted of, found guilty of, pled guilty to or no contest to any crime other than a minor traffic violation? Yes _____ No _____. If your answer is yes, please explain fully in the space below, specifying the nature of the offense(s), dates of occurrence(s), name and location of the court(s), and sentence(s) imposed. This disclosure must be made whether or not you served a sentence and had your civil rights restored, or whether you have had the conviction(s) expunged. (Use additional sheets if necessary.)

6. Are you currently using illegal drugs or substances or abusing alcohol or other legal drugs?
Yes _____ No _____

Certification

The information I have provided above is accurate and complete. I understand that falsifying or omitting information is grounds for denial of admission or immediate dismissal from the Clinical Mental Health Counseling Program and John Carroll University.

Signature

Date