

**SUMMARY OF ACADEMIC BACKGROUND**

Department of Professional Studies: Counseling, Dept. 3374,  
1000 East University Avenue  
Laramie, Wyoming 82071-3374  
307-766-2366

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_ Birth date – Month & Day \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Undergraduate Institution \_\_\_\_\_

Degree \_\_\_\_\_ Date \_\_\_\_\_ Major \_\_\_\_\_

GPA \_\_\_\_\_

Graduate Institution \_\_\_\_\_

Degree \_\_\_\_\_ Date \_\_\_\_\_ Major \_\_\_\_\_

GPA \_\_\_\_\_

Courses taken for graduate credit:

<u>Course Title</u>	<u>Cr. Hr.</u>	<u>Course Title</u>	<u>Cr. Hr.</u>
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Please indicate your intended degree emphasis:

School Counseling \_\_\_\_\_ Mental Health Counseling \_\_\_\_\_