

The University of Texas at Tyler
Department of Psychology and Counseling
CACREP approved Clinical Mental Health Counseling Program
(Department Information Sheet is Required for Graduate Student Applications)

MASTER OF ARTS IN CLINICAL MENTAL HEALTH COUNSELING (CMHC)

Requesting Admission for: _____ Fall _____ Spring _____ Summer 20_____

Name: _____ Student I.D. Number: _____
(Last) (First) (Middle)

Address: _____ Telephone: Primary _____
_____ Secondary _____
_____ E-mail: _____

Bachelor's Degree Information:

Granting Institution: _____ Date: _____
_____ GPA: _____
(City) (State) (Zip Code)

Major: _____ Minor: _____

Do you have a master's degree? ____ No ____ Yes If yes, in what field? _____

STATEMENT OF PURPOSE: Describe your future educational and career goals and explain how the CMHC program at UT Tyler would fit into these goals. How does the CMHC program correspond to your particular plans, needs, and previous background and experiences? (Not to exceed 2 pages.)

*If you have up to 9 hours of graduate counseling-related coursework you would like to have reviewed for possible transfer credit, please complete and attach the graduate transfer credit approval form.
http://www.uttyler.edu/graduate/forms/Grad_Transfer_Credit_Form.pdf

CHECKLIST FOR COMPLETED APPLICATION TO DEPARTMENT:

____ **Department Information Sheet** (this form)

____ **Statement of Purpose**

____ **3 Letters of Recommendation or 3 Evaluation of Academic Potential Forms**
<http://www.uttyler.edu/psychology/files/applicantratingsheet.docx>

Submit department application packet by e-mail
to PsycCounAdmissions@uttyler.edu
or by mail to:

Department of Psychology and Counseling
CMHC Program
The University of Texas at Tyler
3900 University Blvd
Tyler, Texas 75799