

**APPLICATION TO THE REHABILITATION COUNSELING PROGRAM
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

Name	_____	Home Telephone	_____
Address	_____	Work Telephone	_____
	_____	Student ID #	_____
City	State	Zip	_____

Which program are you applying to: M.A. Certificate

When do you wish to begin the program: Fall Quarter of

How did you hear about the Rehabilitation Counseling Program?

Educational Background: In chronological order, provide information regarding your education since you graduated from high school (if additional space is needed, please attach to application):

Institution	Location	Date attended	Date Graduated	Major

Employment Background: In chronological order, provide the following information regarding your last three employment positions:

Place of Employment	Location	Date of Employment	Job Title

Three References: List the names, addresses and telephone numbers of three persons writing letters of recommendation regarding your qualification for the rehabilitation counseling profession:

Name	Address	Telephone

LETTER OF INTENT: Please write a two to three page discussion of why you are interested in the field of rehabilitation counseling. Be sure to include your name and contact information. Include the letter with the application.

ALL LETTERS OF RECOMMENDATION should be addressed and mailed directly to the program coordinator at the address below:

Dr. Connie McReynolds, CRC, PVE, Licensed Psychologist
Program Coordinator
Rehabilitation Counseling Program Admissions
College of Education - Room 243
California State University, San Bernardino
5500 University Parkway
San Bernardino, CA 92407-2397

Is this your first Master's degree: Yes No

Signature

Date