

# Application for Child & Youth Counseling Specialization

Name \_\_\_\_\_ Box # \_\_\_\_\_

Male/Female

Date of Birth \_\_\_\_\_

Contact Information (phone/email)

\_\_\_\_\_

Counseling Units Completed \_\_\_\_\_ Elective Units Completed \_\_\_\_\_

Intended Date of Graduation \_\_\_\_\_

Career Goal

\_\_\_\_\_

\_\_\_\_\_

Rationale for Entering Child & Youth Specialization

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\_\_\_\_\_

By Signing below I submit my application for the Child and Youth Counseling Specialization Track and affirm that I have read the program description in the Counseling Program Handbook and the Western Seminary Catalog.

Signed \_\_\_\_\_

## For Office Use Only

Approved Denied (circle one)

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_