

**Personal Information**

|  |
| --- |
| Name  |
| Date  |
| Profession  |
| Home Address  |
| Phone  |
| Email address  |
| Date of birth  |  |   |  |
| Race (please circle) |
| African-American [ ] | Caucasian/White [ ] | Asian/Asian-American [ ] |
| American Indian/Alaska [ ] | Native Hispanic/Latino [ ] | Native Hawaiian/Pacific Rim [ ] |
| Multiracial [ ]  | Other [ ]  |
| Religion (please circle) |
| Agnostic/Atheist [ ] | Buddhist [ ] | Catholic [ ] |
| Hindi [ ] | Muslim [ ] | Jewish [ ] |
| Protestant [ ] | Non-Religious [ ] | Other [ ] |

**I am interested in**

|  |  |  |
| --- | --- | --- |
| MasterofArts | MA in Counseling with a Specialization in Marriage and Family Therapy (Licensure-track) | [ ] |
| MA in Counseling with a Specialization in Marriage and Family Therapy (Non-Licensure-track) | [ ] |
| MA in Counseling with a Specialization in Imago Relationship Therapy | [ ] |
| MA in Counseling with a Specialization in Human Sexuality and Sex Therapy | [ ] |

|  |  |  |
| --- | --- | --- |
| DoctorofPhilosophy | Ph.D. in Counseling with a Specialization in Marriage and Family Therapy | [ ] |
| Ph.D. in Counseling with a Specialization in Imago Relationship Therapy | [ ] |
| Ph.D. in Counseling with a Specialization in Human Sexuality and Sex Therapy | [ ] |

**Undergraduate Degrees**

|  |
| --- |
| Degree  |
| University  |
| Number of academic credits  |
| Dates  |
| Major  |
| **Graduate Degrees**  |
| Degree  |
| University  |
| Number of academic credits  |
| Dates  |
| Major  |

**Current Employment (if applicable)**

|  |
| --- |
| Title  |
| Location  |
| Period  |
| Description  |

**Previous Employment (if applicable)**

|  |
| --- |
| Title  |
| Location  |
| Period  |
| Description  |

**Supervised Counseling Experience**

|  |
| --- |
| Dates  |
| Location  |
| Client population  |
| Description of supervision  |
| Weekly hours  |
|  |
| Dates  |
| Location  |
| Client population  |
| Description of supervision  |
| Weekly hours  |

Please send the following by mail or e-mail to

Daybreak University

Mailing Address: 1152 Gallemore Ln, Fullerton, CA 92833

E-mail: info@daybreak.edu

1) Transcript

Official transcripts of all your undergraduate and/or graduate course work.

2) References

Two letters of reference from individuals who know you both professionally and personally.

3) Application Fee

A non-refundable $200 application fee must accompany this from. Please make check payable to: Daybreak University.

