



Master of Education – Counselor Education

Family Name	First Name	Middle Name, if any

Date of Birth (mm/dd/yyyy)	ApplyTexas ID Number

Do you intend to enroll full-time or part-time? Full-time Part-time

Please indicate your area of concentration (select one):

Clinical Mental Health

School Counseling

Please discuss why you are pursuing the counseling field and what you believe you can bring to the field of counseling. **LIMIT OF 1,000 WORDS**

Note: You may copy/paste into the text boxes, but you may need to enter more text on the following page. The text boxes do not scroll, nor do they shrink text.

**Departmental Questionnaire
Master of Education - Counselor Education**

Family Name	First Name	Middle Name, if any

Discussion question (continued)

**Departmental Questionnaire
Master of Education – Counselor Education**

Family Name	First Name	Middle Name, if any

How did you learn about the Master of Education in Counselor Education program?

TTU Website

TTU Brochure

A Professor

Poster/Flyer

Print Advertisement

Other Website

Friend/Family Member

Graduate of the Program

Other: _____