

Please print legibly and include with your application to the Program.

BROOKLYN COLLEGE MENTAL HEALTH COUNSELING PROGRAM FACTSHEET

Date Application Filed _____

APPLICANT INFORMATION
Name _____
Email _____
Phone _____

NAMES OF PREVIOUS INSTITUTIONS & GPAS
Previous Undergraduate Institution _____
Overall GPA _____
Previous Graduate Institution _____
Overall GPA _____

DEGREE(S) EARNED & MAJORS
Undergraduate Degree (e.g., BA, BS) _____
Major _____
Graduate Degree (e.g., MA, PhD) _____
Major _____

GRE SCORES (if available)
Verbal _____
Quantitative _____
Writing _____

RELEVANT COURSE GRADES
Introductory Psychology _____
Abnormal Psychology or Psychopathology _____
(*if graduate-level course, mark with "G") Developmental Psychology or Child Development _____
Psychology Statistics _____

RELATED WORK OR VOLUNTEER/INTERNSHIP EXPERIENCE(S)

Position or Activity	Organization (City, State, Dates)
_____	_____
_____	_____
_____	_____