**Personal Information**

|  |
| --- |
| **Name**:  |
| **Date**:  |
| **Profession**:  |
| **Home Address**:  |
| **City**: **State**: **Zip Code**: |
| **Phone**:  |
| **Email address**:  |
| **Date of birth**:  |  |  |  |
| **Nationality/Citizenship**: |  |  |  |
| **Visa Status** (if applicable) |  Permanent Resident [ ]  | Type of Visa | [ ] |
| **Social Security Number:**  |  |  |  |
| **Race:**  |
| African-American [ ] | Caucasian/White [ ] | Asian/Asian-American [ ] |
| American Indian/Alaska [ ] | Native Hispanic/Latino [ ] | Native Hawaiian/Pacific Rim [ ] |
| Multiracial [ ] | Other [ ] |
| **Religion**:  |
| Agnostic/Atheist [ ] | Buddhist [ ] | Catholic [ ] |
| Hindi [ ] | Muslim [ ] | Jewish [ ] |
| Protestant [ ] | Non-Religious [ ] | Other [ ] |

**I am interested in**

|  |  |  |
| --- | --- | --- |
| MasterofArts | MA in Counseling | [ ] |
| MA in Counseling with a Specialization in Marriage and Family Therapy (U.S. and Canada Applicants only)  | [ ] |
| 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 | [ ] |

**Which term are you applying for?**

|  |  |  |
| --- | --- | --- |
| Fall term | From October to December | [ ] |
| Winter term | From January to March  | [ ] |
| Spring term | From April to June | [ ] |
| Summer term | From July to September | [ ] |

**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: 321 S State College Blvd. Anaheim, CA 92806

E-mail: admission@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 $100 application fee must accompany this form.

* Check payable to: Daybreak University
* Zelle: dbu@daybreak.edu

