**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**

|  |  |  |
| --- | --- | --- |
| Master  of  Arts | 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 | [ ] |

|  |  |  |
| --- | --- | --- |
| Doctor  of  Philosophy | 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: 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

