

Last Name: _____ First Name: _____ MI: _____

**DEPARTMENT OF COUNSELING & COLLEGE STUDENT PERSONNEL
EXPERIENCE RELATED TO AREA OF CONCENTRATION APPLYING FOR**

Directions: Please complete the following grid with all experiences (paid or volunteer) related to the area of concentration applying for. For example, those applying for elementary counseling will describe their experience with elementary students; those applying for community/mental health counseling will describe their experiences within community/mental health agencies; those applying for student personnel will describe their experiences with college students. Return with your completed application packet.

Dates (start - end)	Total hours per week	Check one		Name of Agency/Institution	Describe your function as well as the clientele you served.	Summarize what you learned from the experience.
		Paid	Volunteer			