

# Master of Arts in Counseling Saint Martin's University

## INTENT TO RECEIVE COUNSELING

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

**Counseling modality you intend to pursue:**

Individual Counseling [ ] Marital (Conjoint) Counseling [ ] Family Counseling [ ]  
Group Counseling [ ] Extended Family Counseling [ ] Other (Specify) [ ]

Date you began MAC coursework (semester & year): \_\_\_\_\_

Date you intend to begin receiving counseling: \_\_\_\_\_

*(do not begin counseling until you receive word that this counseling experience has been approved)*

Counselor Name and Organization (if part of an agency): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Counselor Title: \_\_\_\_\_

Counselor Primary Credential(s): \_\_\_\_\_

Counselor License Number: \_\_\_\_\_

Counselor Highest Education Earned: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of MAC Chair: \_\_\_\_\_ Date: \_\_\_\_\_