



Daniel L. Goodwin College of Education

Department of Counselor Education
5500 North St. Louis Avenue
Chicago, IL 60625-4699
Phone: (773) 442-5550
Fax: (773) 442-55509

Department of Counselor Education Non-Degree School Counselor Endorsement Application

Date _____

I. Applicant Information

Name _____
Last First Middle

Mailing Address _____
Street City, State Zip

Home Telephone _____ Mobile Telephone _____

Email Address _____

II. Employment

Current Employment _____

_____ Street City, State Zip

Work Telephone _____ Work Email _____

Title/Position _____

III. Do you hold a current, valid Illinois Professional Educator License (PEL)? (choose only one):

_____ Yes _____ No

If **Yes**, include in your application:

1. Your current Illinois PEL and
2. Test scores of the basic skills requirement for the State of Illinois. License and test scores are available from your Educator Licensure Information System (ELIS) account.

If **No**, include in your application:

1. Test scores of the basic skills requirement for the State of Illinois. There are three options: Test of Academic Proficiency (TAP); ACT Plus Writing; or SAT. See attached handout for information to submit scores.
2. Results of a State and Federal fingerprint background check. See attached handout for background check application.

IV. References

List the two persons who will be completing the letters of recommendation: (e.g., employers, professors, and/or supervisors who are familiar with your scholarship and experience):

Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Relationship:	Relationship:

V. Resume

Attach a resume listing your work and volunteer experiences, beginning with the most recent. Indicate whether the experience was part-time or full-time.

VI. Essay

In order that we may better understand your interest in pursuing the Non-Degree School Counselor Endorsement, please prepare a 2-3 page essay (typed and double-spaced; include your name and date on each page of your essay) in response to the following questions:

1. What stimulated your interest in pursuing a program of study in school counseling?
2. What personal and professional qualities do you have that would make you a good candidate for the school counseling profession?
3. What are your hopes and concerns about working as a school counselor?

Note: Admission to the Non-Degree School Counselor Endorsement program does not constitute admission to the Department’s Clinical Mental Health, Family, Rehabilitation, or School Counseling programs. Students who wish to pursue a master’s degree in one of the above counseling programs must make formal application to Graduate Admissions and Records. Students-at-large can enroll only in courses for which they have been authorized by this Department.

The Department of Counselor Education expressly reserves the right to consider candidates for admission based on criteria in addition to the admission application. Specifically, the Department of Counselor Education may deny a student admission based on information that indicates the student lacks professional judgment or has exhibited behavior that calls into question the student’s suitability for the school counseling profession. Any student denied admission to the Department of Counselor Education may request review of the determination and will be afforded an opportunity to respond to the information upon which the decision is made.

Please direct any questions regarding your application to Counselor Education, 773-442-5550 or counsedu@neiu.edu.

Submit all application materials to: Graduate Admissions and Records, Northeastern Illinois University, 5500 N. St. Louis Avenue, Chicago, Illinois 60625.

Applicant Signature _____

Date _____