



UNIVERSITY OF
SOUTHERN MAINE

**College of Education and Human Development
Counselor Education Program**

Graduate Concentration Selection Form

Counselor Education Program applicants must complete this form and submit it with the application for admission to graduate study. Please see the Program Information Sheet at <http://www.usm.maine.edu/cehd/Counselor-Education/> before completing this form.

Applicant: _____
Last Name First Name Middle Initial

Please check below to which concentration you are applying? (*check only one*)

- Clinical Mental Health Counseling
- Rehabilitation Counseling
- University of Maine-Machias Cohort
- School Counseling

Are you currently enrolled in graduate coursework as a special (non-matriculated) student at USM?
___Yes ___No

If you answered yes to the above question, please list the course names:

6/11/09

Office of Graduate Studies
Hand-Delivery Address: 39 Exeter Street
Mailing Address: P.O. Box 9300

207-780-4877
Portland campus
Portland, ME 04104-9300