



Southern Connecticut State University

CLINICAL MENTAL HEALTH COUNSELING

PERSONAL ESSAY

NAME: _____

PERMANENT ADDRESS: _____

CONTACT NUMBERS:

HOME: _____

CELL: _____

WORK: _____

EMAIL: _____

Write your reason (s):

1. For electing to become a licensed professional counselor
2. For wanting to enroll in the Clinical Mental Health Counseling Program at Southern Connecticut State University.

This double-spaced, typed essay should be at least 250 words and no longer than 500 words.

Send to:

SCSU School of Graduate Studies - Engleman B-110

Southern Connecticut State University

501 Crescent Street

New Haven, CT 06515