# MA in Counseling

*Please print or type*

**Interview Request**

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Last Name First Middle Former

_____

Address Email Address

_____(____)_____

City State Zip Phone

I plan to enroll: ☐ August 20_____ ☐ March 20_____

PURPOSE: Briefly describe your personal and/or vocational goals in completing this program.

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NTERVIEW: All applicants will have an interview with the program advisor or academic dean, Monday through Friday between 9 and 4 PM PST. If married or engaged, your spouse/fiancé(e) is encouraged to attend. Please choose from the following options:

Preferred method: ☐ Skype ☐ Phone ☐ In-person

Preferred time: ☐ Morning ☐ Afternoon ☐ Specific Time_____

Preferred day: _____

DOCTRINAL POSITION

☐ I am in total agreement with the doctrinal position state in the Multnomah catalog: www.multnomah.edu/catalogs.

☐ I am mainly in agreement, but have explained the differences in the attached statement.

_____

Signature Date

Return to: Director of Admissions, Multnomah University, 8435 Northeast Glisan St., Portland, Oregon 97220 | Fax: 503.445.5199 | admiss@multnomah.edu