

**THE COUNSELING CENTER**  
**MON-FRI 9AM TO 5PM**  
**(212) 650-8222**  
**MARSHAK SCIENCE BUILDING RM J-15**  
**[COUNSELING@CCNY.CUNY.EDU](mailto:COUNSELING@CCNY.CUNY.EDU)**

APPLICATION FOR UNDERGRADUATE LEVEL TRAINING PROGRAM  
PEER COUNSELING EDUCATOR PROGRAM

Full Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please circle/bold preferred email:

CCNY email: \_\_\_\_\_ Alternate email: \_\_\_\_\_

Full Mailing address: \_\_\_\_\_

Year of study: \_\_\_\_\_ Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Application are received via email or mail. Please include:

- Completed application form for peer counseling educator program
- A 500-1000 word personal statement (typed, double spaced) describing why you want to be a peer counseling educator and how your experiences thus far make you a good candidate for the program
- 2 letters of recommendation from professors, at least one from your major

Please forward all materials to:

Laura Iocin, Ph.D.

[liocin@ccny.cuny.edu](mailto:liocin@ccny.cuny.edu)

CCNY Counseling Center

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