MASTER’S OF SCIENCE IN COUNSELING

DEPARTMENT APPLICATION

FORMS AND PROCEDURES

FALL 2010

DEPARTMENT APPLICATION
DEADLINE
February 15th, 2010
Application Checklist for M.S. in Counseling

STEP 1: University Application

☐ Complete University Application (online or paper)
  - www.csumentor.edu/admissionApp/
  - Pay $55.00 nonrefundable application fee
  - Print application confirmation page for your records

☐ Request official transcripts from all University and Colleges attended to CSU, East Bay, Enrollment Services
  - Transcripts may be sent directly by the University
  - Transcripts need to be in original sealed envelope
  - Final official transcripts, showing degree completion, must be received prior to enrollment

☐ Submit/Mail University application and transcripts before the CSUEB University deadline of Nov. 1-June 30.
  - Office of Admissions
  - Cal State East Bay
  - 25800 Carlos Bee Blvd.
  - Hayward, CA 94542

STEP 2: Department Application

☐ Complete the Educational Psychology Department Graduation Study Application (indicate program option: Child Clinical/School Psychology and Marriage Family Therapist option or School Counseling and Marriage and Family Therapist option)

☐ Department Application
  - 3 Letters of Recommendation (Forms 1, 2, and 3) in signed, sealed envelopes
  - Personal Statement (2-4, typed, double-spaced pages)
  - Copies of Test Scores: General Graduate Record Exam (GRE) or Miller Analogies Test (MAT) (All programs)
  - California Basic Educational Skills Test (CBEST) (School Counseling & School Psychology only)
  - Official Transcripts, signed, sealed from all Universities and Colleges
  - An attachment with your plan for completing any missing test or prerequisite requirements
  - A self-addressed postage paid postcard, if you want notification upon receipt of Department Application

☐ Submit/Mail all Department Application forms (do this as early as possible) to:
  - Department of Educational Psychology, AE 369
  - Cal State East Bay
  - ADMISSIONS MATERIALS
  - 25800 Carlos Bee Blvd.
  - Hayward, CA 94542-3076

Accepting Applications beginning November 1, 2009; Application Deadline February 15, 2010.
Important Information

1. Reference Letters
Three recommendations are required. See recommendation forms at end of application packet. Recommendations should be from persons who know the quality of your academic and professional abilities and potential such as work, community education, or volunteer. You must indicate “does” or “does not” as to whether you waive your right to inspect these references. Recommendation letters will not be returned to you nor can you receive a copy of them. If possible, at least one recommendation should be from a faculty. We are willing to accept letters that are not on the form. However, those recommendations without the evaluation form are not given the same weight as letters with the form’s evaluation of central applicants’ abilities.

2. Statement of Purpose
Please submit two to four typed double-spaced pages, in which you describe your professional goals. We are interested in knowing how you developed these goals and how you assess your strengths and weaknesses relative to achieving these goals.

3. Required Tests
Either the Miller Analogies Test (MAT) or the Graduate Record Exam (GRE): General Test is required for admission to the department. The MAT is administered by the University Testing Office (885-3661) located in WA 438. You can obtain information about the MAT or GRE from the testing office or the MAT website: http://psychcorp.pearsonassessments.com/haiweb/Cultures/en-US/site/Community/PostSecondary/Products/MAT/mathome.htm or GRE website: http://www.gre.org.

If you are unable to get your test scores to the Department by the deadline of February 15th, you will need to indicate, on your application your plan to fulfill this requirement before June 1st, 2010. Test information is the only information that may be sent to the department separately from the rest of your application. We highly recommend you take either the GRE or MAT at your earliest convenience. We request that these scores be included in your packet or be sent directly to the Department. The CBEST is also required for Credential programs; obtain information about CBEST from: http://www.cbest.nesinc.com/.

4. Official Transcripts
You are required to submit 2 sets of transcripts to CSUEB. One set to the university and one to the department.

5. Orientation (strongly encouraged)
It is highly recommended that you attend one of the programs orientation meetings. There will be opportunities to raise questions in order to better understand the programs and plan accordingly. This is a great opportunity to ask questions to and meet faculty.

6. Explore professional sites for more information
- Go to Educational Psychology Website for information on Department and Program (Marriage Family Therapy, Child Clinical School Psychology, or School Counseling) http://www20.csueastbay.edu/ceas/departments/epsy/index.html
- Explore (via online) professional organizations for more information about:
  - School Counseling: American School Counselor Association (ASCA) http://www.schoolcounselor.org/
  - Marriage Family Therapy: Board of Behavioral Sciences http://www.bbs.ca.gov/

7. Interview
Once the applications have been reviewed, applicants will be selected by faculty for an interview. Interviews occur on a rolling basis beginning in January. Not all applicants will be selected for an interview.

**Please note that application materials, including transcripts, letters of recommendation, test scores, and writing samples, will not be returned to the applicant.

**Any false or misleading information may result in disqualification or dismissal from the program.

The California State University does not discriminate against individuals with disabilities in admission, employment, or access to its programs and activities. Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 prohibit such discrimination.
1. Indicate your choice from the Programs shown below. Programs are described in the Master's of Science in Counseling Brochure.

- [ ] Marriage & Family Therapy, Hayward Hills Campus
- [ ] Clinical Child/ School Psychology, Hayward Hills Campus (Includes Option in Marriage & Family Therapy)
- [ ] School Counseling, Hayward Hills Campus (Includes Option in Marriage & Family Therapy)

2. Legal Name:

   Last Name, First Name Middle

3. Other name(s) that may appear on your academic records:

   Last Name, First Name Middle

4. Student NET ID Number if you have attended CSUEB previously.

5a. Current mailing address:

   Street number, Street name, Apartment

   City, State, Zip Code

5b. Permanent address if different from current mailing address:

   Street number, Street name, Apartment

   City, State, Zip Code

6a. Home telephone number: 6b. Daytime phone or message number:

7a. Birth date: 7b. Gender

   - Male
   - Female
   - Decline to state

8. E-mail address:
9. Print the names and locations of all colleges and universities attended. Begin with the last institution attended.

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<thead>
<tr>
<th>ALL INSTITUTIONS</th>
<th>ENROLLED from - to</th>
<th>Degree and/or Credential</th>
<th>Grad. Date</th>
<th>Course of Study</th>
<th>G.P.A.</th>
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</thead>
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<tr>
<td>School Name, Location</td>
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<td>Mo. Year</td>
<td>1. Major A.</td>
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<td>2. Minor/Option B.</td>
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</table>

10. Academic Honors (scholarships, awards, publications), professional societies, and activities (give position held).

11. List all applicable employment. Omit work not relevant to your career or academic goal. 
   *Indicate your present employer if currently employed.*

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<thead>
<tr>
<th>Employer</th>
<th>Nature of work</th>
<th>Job Title</th>
<th>Hours per week</th>
<th>Inclusive dates</th>
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12. Test Scores. List below standardized U.S. graduate admissions tests taken or scheduled: GRE, MAT, CBEST etc. 
   *Official test reports must be sent to the department office directly from the testing service.*

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<thead>
<tr>
<th>TEST</th>
<th>Date taken/scheduled</th>
<th>Scores received</th>
<th>Date requested</th>
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<tbody>
<tr>
<td>GRE, general</td>
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<td>Verbal Quant. Analytical</td>
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<tr>
<td>MAT</td>
<td></td>
<td>Raw Score Percentile</td>
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<tr>
<td>CBEST</td>
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<td>Reading Math Writing</td>
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<tr>
<td>Other</td>
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</table>

13. List below all department prerequisite courses you have taken or plan to take. 
   *Credential programs require B or better grade*

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Institution</th>
<th>Term/Year</th>
<th>Dept. Course No. and Title</th>
<th>Units</th>
<th>Grade</th>
<th>To be completed (Indicate Quarter)</th>
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<tbody>
<tr>
<td>Statistics</td>
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<td>Learning</td>
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<td>Human Development</td>
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<td>Abnormal Psychology</td>
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<td>Personality Theory</td>
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<tr>
<td>Psychological Tests &amp; Measurements</td>
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<td>(School Psychology ONLY)</td>
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14. Credential Certification. Do you intend to do fieldwork in the schools (K-12)? [ ] yes [ ] no
   *If yes, do you hold a California Teaching Credential? [ ] yes [ ] no*
   *If yes, you must submit a copy along with your departmental application. If no, you must apply for a ‘Certificate of Clearance’ through the Credentials Office (510-885-2272) immediately upon notification of acceptance.*

15. Certification – to be read and signed by all applicants to certify the accuracy of the information provided.
   I certify that all information submitted by me on this form is correct and complete to the best of my knowledge. In addition to the required written documentation, I understand that I must attend a group/individual interview, unless otherwise specified.
   Signature: ___________________________ Date: ___________________________
RECOMMENDATION FORM 1

PART I – TO BE COMPLETED BY APPLICANT (Be sure to fill out completely). Applicant must submit this form with Departmental Application, directly to the Department of Educational Psychology prior to/by February 15th.

Applicant’s Name
Please Check Program Choice:

- [ ] Marriage & Family Therapy, Hayward Campus
- [ ] Clinical Child/ School Psychology/ Marriage & Family Therapy
- [ ] School Counseling/ Marriage & Family Therapy

I do □ do not □ waive my right to review this recommendation in accordance with the “Family Educational Rights & Privacy Act” of 1974.

Applicant Signature: _________________________________ Date: ________________________________

PART II – TO BE COMPLETED BY RECOMMENDER – Please indicate, with a check, your rating of this applicant. Return this form to the applicant in a sealed envelope with your signature across the back. Do not return this form to the department office as it should be submitted by the applicant along with their other materials. Please complete, seal and return this form to the applicant.

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
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<td>Demonstrated Academic Ability</td>
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<td>Ability to Work with Persons in Authority</td>
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<td>Awareness of Impact on Others</td>
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<td>Ability to Work with Children, Youth, Adults</td>
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Page 1 continued on next page
Compared to other students I have known, I would rate this applicant’s potential for graduate work as:

Superior ☐  Excellent ☐  Outstanding ☐  Very Good ☐  Average ☐  Below Average ☐
(top 1%)  (top 5%)  (top 10%)  (top 20%)

Please support the preceding ratings or attach on separate page:

Please indicate the strength of your overall endorsement of this applicant:

Highly Recommended ☐  Recommended ☐  Recommended with some Reservations ☐
Not Recommended ☐

Date ____________________________________________  Phone ____________________________________________

Signature ____________________________________________  Address ____________________________________________

Type or Print Name ____________________________________________  City, State Zip Code ____________________________________________

Official Position/ Department _____________________________

Please place this form in a sealed and signed envelope and return it to the applicant so that it can be mailed along with other application materials.
PART I – TO BE COMPLETED BY APPLICANT (Be sure to fill out completely). Applicant must submit this form with Departmental Application, directly to the Department of Educational Psychology prior to/by February 15th.

**Applicant’s Name**

is applying for admission to graduate study leading to the M.S. Degree in Counseling in the Department of Educational Psychology.

Please Check Program Choice:

- [ ] Marriage & Family Therapy, Hayward Campus
- [ ] Clinical Child/ School Psychology/ Marriage & Family Therapy
- [ ] School Counseling/ Marriage & Family Therapy

I do [ ] do not [ ] waive my right to review this recommendation in accordance with the “Family Educational Rights & Privacy Act” of 1974.

Applicant Signature: _____________________________ Date: ____________________________

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Compared to other students I have known, I would rate this applicant’s potential for graduate work as:

Superior □ Excellent □ Outstanding □ Very Good □ Average □ Below Average □
(top 1%) (top 5%) (top 10%) (top 20%)

Please support the preceding ratings or attach on separate page:

Please indicate the strength of your overall endorsement of this applicant:
Highly Recommended □ Recommended □ Recommended with some Reservations □ Not Recommended □

Date __________________________ Phone __________________________

Signature ______________________ Address ______________________

Type or Print Name ______________________ City, State Zip Code ______________________

Official Position/ Department ______________________

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Please Check Program Choice:

☐ Marriage & Family Therapy, Hayward Campus
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I do ☐ do not ☐ waive my right to review this recommendation in accordance with the “Family Educational Rights & Privacy Act” of 1974.

Applicant Signature: ________________________________ Date: ________________________________

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Compared to other students I have known, I would rate this applicant’s potential for graduate work as:

- Superior [ ] (top 1%)
- Excellent [ ] (top 5%)
- Outstanding [ ] (top 10%)
- Very Good [ ] (top 20%)
- Average [ ]
- Below Average [ ]

Please support the preceding ratings or attach on separate page:

Please indicate the strength of your overall endorsement of this applicant:

- Highly Recommended [ ]
- Recommended [ ]
- Recommended with some Reservations [ ]
- Not Recommended [ ]

Date
Phone
Signature
Address
Type or Print Name
City, State Zip Code

Official Position/Department

Please place this form in a sealed and signed envelope and return it to the applicant so that it can be mailed along with other application materials.