MASTER'S OF SCIENCE IN COUNSELING

DEPARTMENT APPLICATION

FORMS AND PROCEDURES

Fall 2016

Educational Psychology Department
California State, University East Bay

Credential Student Service Center
California State University, East Bay
25800 Carlos Bee Blvd, AE **235**
Hayward, CA 94542
510-885-2272

Application Deadlines:

(Applications accepted beginning July 2015)

MFT, School Psychology, and School Counseling Deadlines:

First Application Review- October 1, 2015
Second Application Review- January 4, 2016
Third Application Review- February 29, 2016

Applicants are strongly encourage to apply sooner rather than later. Applications are reviewed on a rolling basis until all spaces are filled.

Application Overview for M.S. in Counseling

IMPORTANT Information - Read This First!

STEP 1: University Application: ***NOTE: The University Application is separate from the Department Application. Read directions carefully. Complete ALL Three Application Steps.***

Complete University Application online (applications open October 1st)

- 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, Graduate Admissions

- 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 **University** application and transcripts to CSUEB University by February 2nd, well before the University Deadline.

Office of Admissions
California State University, East Bay
25800 Carlos Bee Blvd.
Hayward, CA 94542

STEP 2: Department Paper Application Packet

NOTE: The University Application is separate from the Department Application. Complete Both Applications. Follow this checklist.

Complete the **Educational Psychology Department Graduate Study Application**
Complete the Department Application Checklist (p. 3).
Mail all completed Department Application forms & documents in one packet *(do this as early as possible). Mail packet to:*

Credential Student Service Center
California State University, East Bay
25800 Carlos Bee Blvd, AE **235**
Hayward, CA 94542
ADMISSIONS MATERIALS
(Note the Program: MFT, School Psychology, or School Counseling**)**

STEP 3: Department Online Profile Application

Complete the **Educational Psychology Online Application**
https://webapps.csueastbay.edu/secure/ceas/admission/index.cfm?id=5

The applicant is responsible for updating all application materials/online profile **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.

Important Department Application Information

1. **Reference Letters**
   Three (3) recommendations are required. *You must use recommendation forms at end of application packet*. Recommendations should be from persons who know the quality of your academic and professional abilities and potential via work, community education, or volunteer positions. You must indicate "does" or "does not" as to whether you waive your right to inspect these references. Please print recommenders' names on the forms and give them to recommenders. Recommenders may give to you sealed letters for you to include in your packet. *If possible, at least one recommendation should be from a faculty.* ***Reference letters from family members or personal therapist will not be accepted.***

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. Be sure to discuss **why** you are applying to the program of interest and your **understanding** of the professional role.

3. **Required Tests**
   The Graduate Record Exam (GRE) General is required for admission to the Department. *The MAT is no longer accepted by the Department.* You can obtain information about the GRE from the testing office or the GRE website: http://www.gre.org

   The CBEST is also required for Credential programs- School Counseling and School Psychology. A passing CBEST score in all areas is a condition for admission into these programs. Obtain information about CBEST from: http://www.cbest.nesinc.com/. Please submit official passing score report of CBEST. Include a self-addressed stamped envelope and a photocopy of the report if you want the original returned.
   If you are unable to get your test scores to the Department by the deadline dates, you will need to indicate, on your application, your plan to fulfill all testing requirements. All scores must be received before **May 1st, 2016.** We highly recommend you take the CBEST and GRE at your earliest convenience. Please include all scores in your packet (record scores and include an unofficial copy of scoring reports). If you must send scores separately, please mail directly to the Department address, above.

4. **Official Transcripts**
   You are required to submit 2 sets of transcripts, from all undergrad work, to CSUEB. One set to the University and one mailed with the Application Packet to the Department.
   Note: If you are a graduate of a CSUEB degree, you do not need to submit the final degree-bearing transcript unless Credential Student Service Center (CSSC) staff indicates the need to do so due to any difficulty of CSSC staff directly obtaining the transcript.

5. **Prospective Student 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, meet faculty, and obtain tips to the application process. *See department website for dates.*

6. **Prerequisite Courses**
   Listed below is the list of prerequisite courses. All prerequisites require a grade of "B or better.

   School Counseling Program:
   - Statistics
   - Abnormal Psychology
   - One of the following:
     - Human Development
     - Learning or Theories of Learning
     - Personality Theory

School Psychology Program:

- Statistics
- Human Development
- Abnormal Psychology
- Learning or Theories of Learning
- Psychological Test & Measures

Marriage and Family Therapy (MFT) only Program:

- Statistics
- Human Development
- Abnormal Psychology
- Personality Theory

7. 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 Psychology***: National Association of School Psychologists (NASP) http://www.nasponline.org/ or California Association of School Psychologists (CASP) http://www.casponline.org/
- ***School Counseling***: American School Counselor Association (ASCA) http://www.schoolcounselor.org/
- ***Marriage Family Therapy***: Board of Behavioral Sciences http://www.bbs.ca.gov/ ; http://www.Aamft.org ; http://www.Camft.org

8. Interview

Once the applications have been reviewed, select applicants will be contacted by a faculty member for an interview. Interviews occur on a rolling basis beginning in October**.** ***Not all applicants will be selected for an interview****.*

Interviewees will be asked to bring a copy of some picture identification (e.g., a driver's license) to verify identity.

Note that Master's in Counseling programs have *Rolling Admissions* - program admissions remain open until cohorts are full.

Department of Educational Psychology

California State University, East Bay

Departmental Application for Graduate Study leading to the M.S. Degree in Counseling

Fall 2016

This form may be filled out and printed or printed and completed by hand. Please type or print responses in blue or black ink. Response to each item is mandatory unless specific instruction indicates otherwise.

1. Indicate your **one** choice from the Programs shown below.
Programs are described in the Master's of Science in Counseling Brochure.

Marriage & Family Therapy, Hayward Hills Campus

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 number
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:

continued on next page

Departmental Application for Graduate Study

9. Print the names and locations of all colleges and universities attended. Begin with the last institution attended.

ALL INSTITUTIONS School Name, Location	ENROLLED *from - to* Mo.	Year	Mo.	Year	Degree and/or Credential	Grad. Date	Course of Study 1. Major 2. Minor/Option	G.P.A. A-Major B-Overall
							1.	A.
							2.	B.
							1.	A.
							2.	B.
							1.	A.
							2.	B.
							1.	A.
							2.	B.

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.

Employer	Nature of work	Job Title	Hours per week	Inclusive dates

12. Test Scores. List below standardized U.S. graduate admissions tests taken or scheduled: GRE, CBEST etc. *Official test reports (electronic) must be sent directly to the University; unofficial hard copies must be included in Department Application.*

TEST	Date taken/scheduled	Scores received			Date requested
GRE (general)		Verbal	Quant.	Analytical	
CBEST		Reading	Math	Writing	

13. List below program prerequisite courses you have taken or plan to take. ***(Refer to page 3 of application packet, number #6.)***

Prerequisites	Institution	Term/ Year	Dept. Course No. and Title	Units	Grade	To be completed *(Indicate Quarter)*
Statistics						
Human Development						
Abnormal Psychology						
Learning or Theories of Learning						
Psychological Tests & Measurements						
Personality Theory						

*****All courses required a grade of B or better.*****

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.*

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.

Signature:_____ Date:_____

Department Application Checklist

Please review, check-off the submitted requirements, and **include this page with your Department Application.** Be sure to make a copy for yourself.

Complete the Department On-Line Profile Application-
https://webapps.csueastbay.edu/secure/ceas/admission/index.cfm?id=5

Indicate (check) one program option:

_ _*1. Marriage Family Therapist (MFT),*

_ _*2. School Psychology and Marriage Family Therapist,* ***or***

_ _*3. School Counseling and Marriage and Family Therapist option*

Department Paper Application (This PDF document Packet)

3 Letters of Recommendation (Forms 1, 2, and 3) in signed, sealed envelopes

Statement of Purpose (2-4, typed, double-spaced pages). Discuss your professional goals and interests, reason for applying to the program, and your knowledge and understanding of the field.

Copies of Test Scores: General Graduate Record Exam (**GRE**) *(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***

Names of Recommenders and positions. Please list below:

Recommender 1: _____ Position_____

Recommender 2: _____ Position_____

Recommender 3: _____ Position_____

Copy of University Application Confirmation Page from CSU Mentor (www.csumentor.edu)

Mail all completed Department Application forms & documents in one packet (*Do this as early as possible*). ***Applications accepted by department beginning August 2015.*** *Mail Program packets to:*

Credential Student Service Center
California State University, East Bay
25800 Carlos Bee Blvd, AE **235**
Hayward, CA 94542
ADMISSIONS MATERIALS

(Note Program: MFT, School Psychology, or School Counseling**)**

CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
HAYWARD, CA 94542-3076 AE Room 250
PHONE: (510) 885-3011
FAX: (510) 885-2915

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 Round 1 or 2 deadline.**

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

Applicant's Name

Please Check *One* Program Choice:

Marriage & Family Therapy, Hayward Campus

School Psychology/ Marriage & Family Therapy

School Counseling/ Marriage & Family Therapy

_____
Recommender's Name (Print)

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.*

	Exceptional	Above Average	Average	Below Average	Not Known
Demonstrated Academic Ability					
Ability in Oral Expression					
Ability in Written Expression					
Ability to Work with Persons in Authority					
Ability to be a Team Player					
Awareness of Impact on Others					
Ability to Work with Children, Youth, Adults					
Ability to Accept Constructive Feedback					
Flexibility and Tolerance for Ambiguity					
Ability to take Initiative and Work Independently					
Perseverance					
Emotional Stability					
Active Engagement in Personal Growth and Emotional Awareness					
Sensitivity to Cultural Differences					

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.

CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
HAYWARD, CA 94542-3076 AE Room 250
PHONE: (510) 885-3011
FAX: (510) 885-2915

RECOMMENDATION FORM 2

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 Round 1 or 2 deadline.**

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

Applicant's Name

Please Check *One* Program Choice:

Marriage & Family Therapy, Hayward Campus

School Psychology/ Marriage & Family Therapy

School Counseling/ Marriage & Family Therapy

_____
Recommender's Name (Print)

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.*

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Ability to Work with Children, Youth, Adults					
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Perseverance					
Emotional Stability					
Active Engagement in Personal Growth and Emotional Awareness					
Sensitivity to Cultural Differences					

continued on next page

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City, State Zip Code

Official Position/ Department

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CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
HAYWARD, CA 94542-3076 AE Room 250
PHONE: (510) 885-3011
FAX: (510) 885-2915

RECOMMENDATION FORM 3

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 Round 1 or 2 deadline.**

_____ ***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 *One* Program Choice:

Marriage & Family Therapy, Hayward Campus

School Psychology/ Marriage & Family Therapy

School Counseling/ Marriage & Family Therapy

_____
Recommender's Name (Print)

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.*

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Ability in Oral Expression					
Ability in Written Expression					
Ability to Work with Persons in Authority					
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Active Engagement in Personal Growth and Emotional Awareness					
Sensitivity to Cultural Differences					

continued on next page

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

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(*top 1%)*	(*top 5%)*	(*top 10%)*	(*top 20%)*		

Please support the preceding ratings or attach on separate page:

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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.