

MASTER'S OF SCIENCE IN COUNSELING

DEPARTMENT APPLICATION FORMS AND PROCEDURES

Fall 2020



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 August 2019)

Marriage and Family Therapy Deadline: February 14, 2020

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

Admission is for fall entry only.

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. ALL steps (2) must be completed for your application to be considered complete.*

- Complete University Application** online (applications open October 1st)
 - CSU Apply www.calstate.edu/apply
 - You do not need to upload documents to CSU Apply at this time.
 - Pay \$70.00 nonrefundable application fee.
 - Print application confirmation page for your records.
- Request official transcripts from **all** University and Colleges attended and send to CSU East Bay, Graduate Admissions **after** you have submitted your application to CSU Apply
 - 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.
 - Please note that bachelor's degree may be in any subject other than Education.

Submit **University** application and transcripts to CSUEB University by March 1st, well before the University Deadline. Mail transcripts to:

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**. Applicants **MUST Complete Both Applications**. Follow this checklist. Please read all instructions on the next page.*

- Complete the **Educational Psychology Department Graduate Study Application (this packet)**
- 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 250
Hayward, CA 94542
ADMISSIONS MATERIALS
(Indicate the Program Applying to: MFT)

STEP 3: Department Online Profile Application

- Complete the **Educational Psychology Online Profile**
<https://edschool.csueastbay.edu/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.**

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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) professional (i.e., instructor, manager, or supervisor) letters of recommendations are required. **You must use the recommendation forms from the 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 an additional letter with the recommendation form, which must be on professional letterhead and sealed for you to include in your application packet. *It is strongly recommended that 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 **the program related questions in your statement of purpose.**

- 1) What is your understanding of the role of a Marriage and Family Therapist?
- 2) How have you already pursued learning more about the field of marriage and family therapy?
- 3) What strengths do you believe you will bring to the therapeutic field and how are you managing the areas that currently challenge you?
- 4) What would you like to do with your MS Counseling degree in marriage and family therapy after you graduate?

3. Required Tests

The Graduate Record Exam (GRE) General is required for admission to the Department. You can obtain information about the GRE from the testing office or the GRE website: <http://www.gre.org>. You will need to have your official scores sent directly to the University by the testing agency **and** you will also need to provide an unofficial printout of your GRE scores to submit with your department application packet.

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 2nd**. We highly recommend you complete the 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 a hard copy directly to the Educational Psychology Department.

4. Official Transcripts

You are required to submit 2 sets of transcripts, from all undergrad work to CSUEB. One set to the University Graduate Admissions Department 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 the Educational Psychology Department staff indicates the need to do so due to any difficulty of 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. See Department website for course description and where courses may be taken to fulfill the prerequisite requirement(s).

Marriage and Family Therapy (MFT) only Program:

- Statistics
- Developmental Psychology or Human Development
- Psychopathology or 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, 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 Selection

Once the applications have been reviewed, select applicants will be contacted by a faculty member for an interview. **Interviews will begin after the deadline (February 14, 2020). *Not all applicants will be selected for an interview.* Interviews are considered based on 1) completeness of application, 2) understanding of the profession, 3) potential for graduate level training, and 4) fit with the program.**

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 spaces/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 2020

This form may be filled out and printed or printed and completed by hand. Please type or print responses neatly 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

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: _____

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 <i>from - to</i>				Degree and/or Credential	Grad. Date	Course of Study 1. Major 2. Minor/Option	G.P.A. A-Major B-Overall
		Mo.	Year	Mo.	Year				
							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 program-specific course list on page 4 of **Important Application Information, #6.**)

Prerequisites	Institution	Term/ Year	Dept. Course Number and Title	Units	*Grade	To be completed (Indicate semester or quarter)
Statistics						
Developmental Psychology or Human Development Psychopathology or Abnormal Psychology						
Personality Theory						

***All courses require a grade of "B" or better. Be sure to indicate the Course Title as these courses will be compared to your transcript.**

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>
- 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.
- Copy of Test Scores: General Graduate Record Exam (**GRE**)
- 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 Apply (www.calstate.edu/apply)
- Mail all completed Department Application forms & documents in one packet (*Do this as early as possible*). **Applications accepted by Department beginning October 2019. Mail Program packets to:**

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

(Indicate Program applying to: MFT only, School Psychology, or School Counseling)

***Note:** Be sure you have completed the above checklist. Incomplete applications may not be reviewed or considered.

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 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
- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Persons in Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be a Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of Impact on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children, Youth, Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Constructive Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility and Tolerance for Ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take Initiative and Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Engagement in Personal Growth and Emotional Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Cultural Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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 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**
 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Persons in Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be a Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of Impact on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children, Youth, Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Constructive Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility and Tolerance for Ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take Initiative and Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Engagement in Personal Growth and Emotional Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Cultural Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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 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**
 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
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Ability in Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Persons in Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be a Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of Impact on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children, Youth, Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Constructive Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility and Tolerance for Ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take Initiative and Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Engagement in Personal Growth and Emotional Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Cultural Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.