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)

School Psychology and School Counseling Deadlines:
First Application Review- October 25, 2019
Second Application Review- December 6, 2019
Third Application Review- 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 Three Application Steps must be completed for your application to be considered complete.*

- Complete University Application online (applications open October 1st)
  - CSU Apply [www.calstate.edu/apply](http://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 235
  Hayward, CA 94542

ADMISSIONS MATERIALS
(Indicate the Program Applying to: School Psychology, or School Counseling)

STEP 3: Department Online Profile Application

- Complete the Educational Psychology Online Profile
  [https://edschool.csueastbay.edu/admission/index.cfm?id=5](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.

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* (See Statement Outline Worksheet, below)
   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. Statement of Purpose questions can be found on page 5 of this application packet.

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.

   The Basic Skills Requirement (BSR) is also required for Credential programs (School Counseling and School Psychology). Meeting the Basic Skills Requirement is a condition for admission into these programs. There are several ways to meet the Basic Skills Requirement:
   1. Passing the CBEST exam (submit a hard copy of the official score report); http://www.cbest.nesinc.com/
   2. Passing the basic skills test from another state (submit a hard copy of the official score report);
   3. Passing the CSU Early Assessment Program or the CSU Placement Examinations (submit a hard copy of the official score report);
   4. For more information about the BSR requirement or additional options, http://www.ctc.ca.gov/credentials/leaflets/cl667.pdf

   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 BSR 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 a hard copy directly to the Credential Student Service Center.

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 Credential Student Service Center (CSSC) staff indicates the need to do so due to any difficulty of CSSC staff directly obtaining the transcript.

5. Resume* (School Counseling only)

6. 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.
7. 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).

School Counseling Program:
- Statistics
- Developmental Psychology or Human Development
- Psychopathology or Abnormal Psychology

School Psychology Program:
- Statistics
- Developmental Psychology or Human Development
- Psychopathology or Abnormal Psychology
- Learning or Theories of Learning
- Psychological Test & Measures OR Research Design

8. 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/ ;

8. Interview Selection
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. 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.
Statement of Purpose Outline

School Psychology Program Only

1) What is the role of a School Psychologist and why do you want to be one?

2) How have you learned about what School Psychologists do?

3) How do you plan to use what you have learned in the profession?

4) What strengths will help you to be a good School Psychologist and what growth areas or challenges are you likely to work on to reach your goals?

--------------------------------------------------------------------------------------------------

School Counseling Program Only

1) How have you learned about what school counselors do and how do you plan to use what you have learned in the profession?

2) What is your goal for attending this program and goal for becoming a professional school counselor?

3) What strengths will help you reach your goals and what areas of growth do you need to continue to work on to reach your goals?
# 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.

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

2. Legal Name:

   Last Name, First Name

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

<table>
<thead>
<tr>
<th>Last Name,</th>
<th>First Name</th>
<th>Middle</th>
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</thead>
</table>

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:

Page 1

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

<table>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>School Name, Location</td>
<td>Mo. Year</td>
<td>Mo. Year</td>
<td>1. Major</td>
<td>2. Minor/Option</td>
<td>A-Major</td>
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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, CBEST etc. Official test reports (electronic) must be sent directly to the University; unofficial hard copies must be included in Department Application.

<table>
<thead>
<tr>
<th>TEST</th>
<th>Date taken/scheduled</th>
<th>Scores received</th>
<th>Date requested</th>
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</thead>
<tbody>
<tr>
<td>GRE (general)</td>
<td>Verbal</td>
<td>Quant.</td>
<td>Analytical</td>
</tr>
<tr>
<td>CBEST</td>
<td>Reading</td>
<td>Math</td>
<td>Writing</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Institution</th>
<th>Term/Year</th>
<th>Dept. Course Number and Title</th>
<th>Units</th>
<th>*Grade</th>
<th>To be completed (Indicate semester or quarter)</th>
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<tbody>
<tr>
<td>Statistics</td>
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<td>Human Development</td>
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<td>Abnormal Psychology</td>
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<td>Learning or Theories of Learning (School Psych. only)</td>
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<td>Psych. Tests &amp; Measurements or Research Design (School Psych. only)</td>
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*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

Indicate (check) one program option:

_____ 1. School Psychology and Marriage Family Therapy, or

_____ 2. School Counseling and Marriage and Family Therapy

☐ 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. For School Psychology Statement of Purpose Directions, see above.

☐ Copy of updated resume (School Counseling option only)
☐ Copy of Test Scores: General Graduate Record Exam (GRE) (All programs)
☐ Copy of Basic Skills Requirement (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 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: School Psychology, or School Counseling)

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

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

Please Check **One** Program Choice:

- [ ] Marriage & Family Therapy
- [ ] 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>
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<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Known</th>
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<tr>
<td>Demonstrated Academic Ability</td>
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<td>Ability in Oral Expression</td>
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<td>Ability in Written Expression</td>
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<td>Ability to Work with Persons in Authority</td>
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<td>Ability to be a Team Player</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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<td>Ability to Accept Constructive Feedback</td>
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<td>Flexibility and Tolerance for Ambiguity</td>
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<td>Ability to take Initiative and Work Independently</td>
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<td>Perseverance</td>
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<td>Emotional Stability</td>
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<td>Active Engagement in Personal Growth and Emotional Awareness</td>
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<td>Sensitivity to Cultural Differences</td>
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Compared to other students I have known, I would rate this applicant’s potential for graduate work as:

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<th>Rating</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Superior</td>
<td>(top 1%)</td>
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<tr>
<td>Excellent</td>
<td>(top 5%)</td>
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<tr>
<td>Outstanding</td>
<td>(top 10%)</td>
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<tr>
<td>Very Good</td>
<td>(top 20%)</td>
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<tr>
<td>Average</td>
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<tr>
<td>Below Average</td>
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Please support the preceding ratings or attach on separate page:

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

<table>
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<th>Endorsement</th>
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<tbody>
<tr>
<td>Highly Recommended</td>
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<td>Recommended</td>
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<tr>
<td>Recommended with some</td>
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<tr>
<td>Reservations</td>
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<tr>
<td>Not Recommended</td>
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</table>

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.

___________________________ 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  
☐ 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.

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<td>Ability in Oral Expression</td>
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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.
### 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**

Please check **One** Program Choice:

- [ ] Marriage & Family Therapy
- [ ] School Psychology/Marriage & Family Therapy
- [ ] School Counseling/Marriage & Family Therapy

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

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>
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<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Known</th>
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<tr>
<td>Demonstrated Academic Ability</td>
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<td>Ability in Oral Expression</td>
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<td>Ability in Written Expression</td>
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<td>Ability to Work with Persons in Authority</td>
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<td>Ability to be a Team Player</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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<td>Ability to Accept Constructive Feedback</td>
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<td>Flexibility and Tolerance for Ambiguity</td>
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<td>Ability to take Initiative and Work Independently</td>
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<td>Perseverance</td>
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<td>Emotional Stability</td>
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<td>Sensitivity to Cultural Differences</td>
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</tbody>
</table>
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:

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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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