MASTER'S OF SCIENCE IN COUNSELING

DEPARTMENT APPLICATION

FORMS AND PROCEDURES

Fall 2021



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 2020)

School Psychology and School Counseling Deadlines:

First Application ReviewSecond Application ReviewThird Application ReviewThird Application ReviewSecond Application ReviewThird Application ReviewThird Application ReviewSecond Application ReviewThird Application ReviewSecond Application ReviewThird Application ReviewSecond Applic

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

Admission is for fall entry only.

Application Overview for M.S. in Counseling

IMPORTANT Information - Read This First!

<u>STEP 1</u>: 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
 - 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 <u>University</u> 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 <u>completed</u> Department Application forms & documents <u>in one packet</u> (do this as <u>early as</u>
possible). Mail packet to:

Credential Student Service Center California State University, East Bay 25800 Carlos Bee Blvd, AE **235** Havward, 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

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

<u>Three</u> (3) professional (i.e., instructor, manager, or supervisor) letters of recommendations are required. <u>You must use the recommendation forms from the application packet.</u> 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 <u>professional goals</u>. 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 <u>the program related questions in your statement of purpose</u>. *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 admissions into these programs. There are several ways to meet the Basic Skills Requirement:

- 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 <u>earliest</u> 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 <u>Credential Student Service Center</u>.

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 <u>highly recommended</u> 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/;
 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 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 <u>copy</u> 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 <u>role</u> of a School Psychologist and <u>why</u> 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 <u>strengths</u> will help you to be a good School Psychologist and what <u>growth areas or challenges</u> are you likely to work on to reach your goals?

School Counseling Program Only

- 1) How have you <u>learned</u> about what school counselors do and how do you plan to <u>use</u> what you have learned in the profession?
- 2) What is your <u>goal</u> for attending this program and <u>goal</u> for becoming a professional school counselor?
- 3) What <u>strengths</u> will help you reach your goals and what <u>areas of growth</u> do you need to continue to work on to reach your goals?

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 by Programs are described in the Master's of Science							
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	Middle						
3. Other name(s) that may appear on your academic re	cords:						
Last Name, First Name	Middle						
4. Student NET ID number, if you have attended CSUE	B 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							
	T						
6a. Home telephone number:	6b. Daytime phone or message number:						
	7b. Gender						
7a. Birth date:	☐ Male						
	Female Decline to state						
8. E-mail address:							

	Де	par	tmen	tal I	Applica	tion for	r G	raduat	te Str	ıdy		
9. Print the name	es and location	ns of	all colle	ges an	ıd universi	ties attend	ded	. Begin wi	th the	last institutio	n attend	ded.
ALL INSTITU	JTIONS			OLLEI m - to	D	Degree and/or		Grad.	Course of Study 1. Major		G.P.A. A-Major	
School Name,	Location	Mo.	Year	Mo.	Year	Credentia	al	Date	2. Mi	nor/Option		B-Overall
									1.			A.
									2.			B.
									1.			A.
									2.			B.
									1.			A.
									2.			B.
									1.			A.
									2.			B.
10. Academic Ho	10. Academic Honors (scholarships, awards, publications), professional societies, and activities (give position held).											
11. List all applic Indicate your pres					relevant to	o your car	eer	or acade	mic go	al.		
Employer		Na	iture of v	work		Jo	ob T	Title		Hours per week	Inclusi	ve dates

10. Academic F11. List all appliIndicate your pre	icable en	nployme	ent. Or	nit work not	, , ,						e position neid).
Employer	,	•		re of work			Job Title			Hours per week	Inclusive dates
											CBEST etc. Official
TEST	Date tak			Scores rece		πiciai r	ara copies mus	t be inc		e <i>a in Depari</i> ate requeste	ment Application.
GRE (general)	Date tak	en/sche	uuleu	Verbal	Quant.		Analytical		Da	ite requeste	u
CBEST				Reading	Math		Writing				
				ourses you l	nave taken	or pla		fer to p	rogr	am-specific	course list on page 4 or
Important A	oplication	Informati	ion, #6.)	1						1	T. I
Prerequisites		Institu	tion		Term/ Year		. Course <mark>ber</mark> and <mark>Title</mark>	Un	its	*Grade	To be completed (Indicate semester or quarter)
Statistics											
Human Develo	pment										
Abnormal Psychology											
Learning or The of Learning (School Psych. only											
Psych. Tests & Measurements Research Desig (School Psych. only	<u>or</u> gn										
*All courses your transcript.	require a	grade c	of "B" o	or better. B	e sure to in	dicate	the Course Ti	tle as t	hese	e courses v	vill be compared to
14. Credential of the season o	old a Cal	lifornia ⁻	Teachi	ng Credent	ial? 🗌 yes	i □ no		☐ ye	s 🗌] no	

14. Credential Certification. Do you intend to do fieldwork in the schools (K-12)? yes n	าด
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 process.	ovided.
l certify that all information submitted by me on this form is correct and complete to the best of my kn	owledge

Signature:	Date:	

Department Application Checklist

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

htt	https://webapps.csueastbay.edu/secure/ceas/admission/ir	ndex.cfm?id=5						
	Indicate (check) <mark>one</mark> program option:							
	1. School Psychology <u>and</u> Marriage Family The	rapy, or						
	2. School Counseling <u>and</u> Marriage and Family 7	Therapy						
	Department Paper Application (This PDF document Pa	acket)						
	3 Letters of Recommendation (Forms 1, 2, and 3) in si	gned, sealed envelopes						
	interests, reason for applying to the program, and your	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 or	nly)						
	Copy of Test Scores: General Graduate Record Exam	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 be	elow:						
	Recommender 1:	Position						
	Recommender 2:	Position						
	Recommender 3:	Position						
	Copy of University Application Confirmation Page from	CSU Apply (www.calstate.edu/apply)						
	Mail all <u>completed</u> Department Application forms & docum cossible). Applications accepted by Department begin							
	Credential Student Service Center California State University, East Bay 25800 Carlos Bee Blvd, AE 235 Hayward, CA 94542							

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

ADMISSIONS MATERIALS

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

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

RECOMMENDATION FORM 1

PART I – TO BE COMPLETED BY APPLI					s form with	
Departmental Application, directly to th	•					
Applicant's Name			raduate study lea		. Degree in	
Applicant's Name Counseling in the Department of Educational Psychology. Please Check One Program Choice:						
☐ Marriage & Family Therapy						
School Psychology/ Marriage & Fami	ly Therany					
School Counseling/ Marriage & Famil				Jania Nama (D		
School Counseling/ Mamage & Family	у тпетару		Recommend	der's Name (P	rint)	
I do ☐ do not ☐ waive my right to review Privacy Act" of 1974. Applicant Signature:	v this recommendati	ion in accorda	nce with the "Far Date:	mily Educational	Rights &	
PART II – TO BE COMPLETED BY <u>RECOMMENDER</u> – 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. <i>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.</i>						
	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						

Compared to	other students I	have known, I woul	d rate this applicant's	s potential for gradu	ate work as:
Superior (top 1%)	Excellent [] (top 5%)	Outstanding (top 10%)	Very Good ☐ (top 20%)	Average 🗌	Below Average
Please suppor	t the preceding	ratings or attach or	separate page:		
Please indicat Highly	e the strength o	of your overall endor	sement of this applic	cant:	
Recommended	I ☐ Recom		Recommended with so	ome Not Recom	nmended 🗌
			Reservations		
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Type or Print N	lame		 City, State Zip C	Code	
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Official Position	n/ Department				
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			n it to the applicant so with other application n		

CALIFORNIA STATE UNIVERSITY, EAST BAY DEPARTMENT OF EDUCATIONAL **PSYCHOLOGY** HAYWARD, CA 94542-3076 AE Room 250

RECOMMENDATION FORM 2

PHONE: (510) 885-3011 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 Applicant's Name 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: 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					

Compared to	other students	I have known, I wou	ıld rate this applicant'	s potential for gradu	late work as:
Superior ☐ (top 1%)	Excellent [] (top 5%)	Outstanding (top 10%)	Very Good ☐ (top 20%)	Average	Below Average
Please suppo	ort the preceding	ratings or attach o	n separate page:		
Please indica	ate the strength	of your overall endo	ersement of this applic	cant:	
Highly Recommende	_	nmended	Recommended with se		nmended 🗌
Recommende	:u		Reservations	ome 🗀 Not Recon	ттепаеа 🗀
Date			Phone		
Signature			Address		
Type or Print	Name		City, State Zip C	Code	
Official Position	on/ Department				
		Please place the	nis form in a sealed and	l signed	
		envelope and <u>retur</u> be mailed along	rn it to the applicant s with other application r	o that it can naterials.	

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

RECOMMENDATION FORM $\underline{3}$

PART I – TO BE COMPLETED BY <u>APPLICANT</u> (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.								
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 <u>submitted</u> 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								

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 Highly	e the strength o	f your overall endo	orsement of this app	plicant:					
Recommended	Recom		Recommended with s Reservations	some Not Recon	nmended 🗌				
Date			Phone						
Signature			Address						
Type or Print N	ame		City, State Zip	Code					
Official Position	n/ Department								
	1	Please place th	is form in a spaled ar	nd signed					
	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								
		Can be mailed	materials.	Jiioaliori					