Dear Future Graduate Student,

Welcome to the Community Counseling Master’s Degree Program at Southeastern Oklahoma State University!

Your first step in beginning your graduate studies is to complete an application to the School of Graduate and University Studies at Southeastern. You may contact the School of Graduate and University Studies at (580) 745-2200. You may apply in person in Office of Academic Affairs (Administration Building, Room 307). Alternatively, you may apply for admission to the Graduate School at the following URL:

http://homepages.se.edu/gus/graduate-programs/admission-requirements/

Once you have been granted admission to the School of Graduate and University Studies you may begin your application to the Community Counseling Master’s Degree Program. As the Community Counseling Program Coordinator, I will be responsible for receiving your application materials. Please be sure to submit all of your materials directly to me using the following contact information: Mailing address: Dr. Kimberly Donovan, Community Counseling Program Coordinator, Department of Behavioral Sciences, Southeastern Oklahoma State University, 1405 N. 4th Ave., PMB 4055, Durant, OK 74701-0609; Office mailbox location: Morrison Hall, Room 001; Telephone: (580) 745-2312; Fax: (580)745-7421; or e-mail, kdonovan@se.edu.

The following materials are required to complete your application packet:

1.) Verification of Admission to the SOSU School of Graduate and University Studies.
2.) Official Copies of All Undergraduate and Graduate Transcripts.
3.) Completed Application Checklist
4.) Application for Admission to the Community Counseling Program (form included in this packet).
5.) Statement of Personal/Professional Goals (guidelines included in this packet).
6.) Consent to Release Information and Records Form
7.) Three Letters of Recommendation (from both academic and professional sources; see guidelines in this packet).
8.) Successful completion of the Graduate Record Examination (GRE) General Test (information available at http://www.ets.org/gre/) as defined by program admission criteria.

You are invited to learn more about the Community Counseling Master’s Degree Program at the following URL: http://homepages.se.edu/sebs/masters-degree-programs/clinical-mental-health-counseling/.

Thank you for your interest in our program. As the Community Counseling Program Coordinator, I am available to answer any questions you may have about the program. Please contact me at (580) 745-2312 or via email at kdonovan@se.edu.

I look forward to hearing from you!

Kimberly Donovan, Ph.D., LPC, NCC, ACS, Associate Professor
Community Counseling Program Coordinator

Southeastern Oklahoma State University, in compliance with Title VI and VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.
SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
COMMUNITY COUNSELING MASTER’S DEGREE PROGRAM
APPLICATION CHECKLIST

Student Name: ____________________________________________________________

Date completed application packet submitted (aside from official GRE scores): _______

Please verify that the following documents are included in your completed application packet:

☐ A photocopy of your letter of admission to the Southeastern Oklahoma State University School of Graduate and University Studies

☐ Official copies of all undergraduate and graduate transcripts

☐ A completed copy of this Application Checklist

☐ A completed and signed copy of the Application for Admission to the Community Counseling Master’s Degree Program (application form included in this packet; signature must be witnessed by a university official)

☐ A comprehensive, typed Statement of Personal and Professional Goals (see guidelines in this packet)

☐ A completed Consent to Release Information and Records form (signature must be witnessed by a university official).

☐ Three letters of recommendation (from academic and professional sources; must be completed on the forms included in this packet)

☐ Please check this box if you have taken the GRE General Test and have requested that a copy of your scores be sent to Southeastern Oklahoma State University. Applications shall not be reviewed until such time that the university has received official copies of a student’s results from Educational Testing Services (ETS).

☐ Please check this box if you have not yet taken the GRE General Test. As a reminder, the General Test of the GRE must be taken and official copies of scores must be received by Southeastern Oklahoma State University directly from Educational Testing Services (ETS) prior to review of this application for admission.

Please note that this revised Community Counseling Application Packet goes into effect on June 7, 2010. Any new applications after this date must be completed on this new form.
SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
APPLICATION FOR ADMISSION TO THE
COMMUNITY COUNSELING MASTER’S DEGREE PROGRAM

Please Note: Please type or print your responses on this form legibly. Alternatively, applicants may wish to download the fill-in form available on the program Web site (see URL on first page of this packet) and fill it out electronically for printing. Please do not leave any items blank to avoid any delays in the processing of your application.

Date this form was completed: ________________________________

Name: ________________________________

Address: ____________________________________________

Telephone Number: __________________________________

Alternative Telephone Number: _________________________

Emergency Contact Information:

Name of Contact: ______________________________________

Relationship: __________________________________________

Telephone Number(s): __________________________________

Preferred Email Address: ________________________________

SOSU Student Email Address: ____________________________

Southeastern Student Identification Number: ________________

Baccalaureate Degree Information (Please note that an official copy of all undergraduate transcript(s) is required as part of this application; There are no required prerequisite undergraduate degree majors or courses):

Baccalaureate degree designation (e.g., B.A., B.S., B.G.S., etc.): __________________

Baccalaureate degree major: ______________________________

Baccalaureate degree □Minor or □Second major: _______________

University from which degree was conferred: __________________

City, State, and Country: ________________________________

Cumulative undergraduate Grade Point Average (GPA): ________________
Graduate Degree Information (If applicable; Please note that an official copy of all graduate transcript(s) is required as part of this application):

Graduate degree designation (e.g., M.A., M.S., M.Ed., MBA, etc.): ________________________

Graduate degree focus area: __________________________________________________________

University from which degree was conferred: __________________________________________

City, State, and Country: _____________________________________________________________

Cumulative graduate Grade Point Average (GPA): ________________________________

Graduate Record Examination (GRE) General Test Scores (Valid for 5 years only):

Date exam taken or planned test date: ______________________________________________

Verbal Reasoning score (if available): ______________________________________________

Quantitative Reasoning score (if available): __________________________________________

Analytical Writing score (if available): ______________________________________________

Please check the boxes next to the following questions (if any boxes are checked, please explain on a separate document):

☐ I have previously been sanctioned for a postsecondary academic violation of cheating, plagiarism, or other breach of student academic conduct at any college or university.

☐ I have been convicted in Oklahoma or any other state or jurisdiction of a crime against a child, adolescent, minor, person of diminished mental capacity, or an elderly individual.

☐ I have been convicted in Oklahoma or any other state or jurisdiction of a felony or misdemeanor crime pertaining to domestic violence or stalking.

☐ I have in the past or am currently bound by a temporary or permanent protective order, restraining order, or other similar contact restriction in Oklahoma or any other state or jurisdiction.

☐ I have been convicted of a crime in Oklahoma or any other state or jurisdiction requiring that I be listed on any state and/or national Sex Offender Registry.

☐ I have been convicted, received a deferred sentence, received a deferred prosecution, or pleaded no contest or nolo contendere for a misdemeanor or felony crime, in Oklahoma or any other state or jurisdiction, other than a minor traffic offense.

☐ I have received a suspended sentence, been placed on probation, or been paroled, in Oklahoma or any other state or jurisdiction.
☐ I currently have felony or misdemeanor charges pending against me in Oklahoma or any other state or jurisdiction.

If you checked any of the boxes above, please provide full details on a separate document (please note that marking any of the above boxes does not automatically disqualify applicants from admission to the Community Counseling Master’s Degree Program).

PLEASE READ CAREFULLY

I agree to report to the Graduate Counseling Coordinating Committee, within thirty (30) days of my knowledge, the following matters related to me at any point during my tenure as a graduate student in the Community Counseling Master’s Degree Program: (a) Any formal charge, complaint or conviction related to a criminal or quasi-criminal act, civil action, or civil litigation; (b) Any other charge or complaint by a regulatory body (e.g., licensure or certification board, pertaining to any profession) or professional organization (e.g., the American Counseling Association), including any corrective action(s) issued; (c) The placement of court-ordered temporary or permanent protective order, restraining order, or other similar contact restriction against me; (d) Any listing on a state or federal Sexual Offender Registry; or, (e) Any sanction for a postsecondary academic violation of cheating, plagiarism, or other breach of student conduct at SOSU or any other college or university.

By signing below, I hereby verify that all information provided on this application form and in this application packet is accurate and truthful. Further, I authorize Southeastern Oklahoma State University to verify any information included in this application packet or contact any of my listed references or other pertinent parties to obtain further information necessary to thoroughly review all contents of my application packet. I understand that knowingly supplying false information on this application form, or withholding or failing to report post-application information or behaviors outlined in the preceding paragraph may result in the voiding of this application, dismissal from the Community Counseling Master’s Degree Program, or dismissal from Southeastern Oklahoma State University.

______________________________________________  _______________________
Applicant Signature  Date

__________________________________________  ________________
Witness Signature  Date

Please wait to sign this form. An applicant’s signature on this form must be witnessed by an appropriate university official (i.e., faculty member, administrative assistant, university administrator).
Statement of Personal and Professional Goals  
Community Counseling Master’s Degree Program  
Southeastern Oklahoma State University

In a separate document, please provide a typed statement which comprehensively addresses the following three content areas. Please note that this document should be carefully prepared and must be written with proper grammar, spelling, and research. While there is no minimum length of this important application item, typical statements are 3-5 pages in length (double-spaced):

1.) Provide an overview of your understanding of the role of the Community Counselor (in your own words).

2.) Identify your career goals and objectives and their relevance to the professional practice of Community Counseling.

3.) A large portion of your development as a Community Counselor in training involves a willingness to look inward as you seek to help others through community counseling. Discuss your openness to personal and professional self-examination and positive and constructive feedback.
CONSENT TO RELEASE INFORMATION AND RECORDS

I, ________________________________, freely and voluntarily authorize and give my permission for access and/or release of any and all information and/or records of mine within the knowledge and/or possession of Southeastern Oklahoma State University (“SOSU”), whether created by SOSU or not, which were created as a result of my attendance at SOSU, including but not limited to scholastic records, correspondence, reports, memoranda or other documents. Said permission is granted in connection with my application(s) for admission to educational institutions, for employment and/or for obtaining professional licenses. Additionally I authorize SOSU, its faculty and staff to answer any questions submitted to SOSU, its faculty and staff in connection with said applications, whether submitted through written and/or verbal means, including but not limited to telephone and/or email communications.

I furthermore release SOSU, its faculty and staff from all liability in connection with their release of said information. I agree that a photocopy or electronic copy of this release will be given the same effect as the original. Furthermore, this release shall remain in effect for the entire time I am a student at SOSU, and for five (5) years following my graduation or termination of graduate studies at SOSU.

Student/Former Student: ________________________________
Witness of University Official or Notary: ________________________________

Signature of Student/Former Student: ________________________________
Signature: ________________________________

Printed Name: ________________________________
Printed Name of University Official or Notary: ________________________________

Date: ________________________________
Title/Position: ________________________________

Please wait to sign this form. An applicant’s signature on this form must be witnessed by an appropriate university official (i.e., faculty member, administrative assistant, university administrator).
Southeastern Oklahoma State University  
Graduate Counseling Coordinating Committee  
Master of Behavioral Studies Degree in Community Counseling  
Department of Behavioral Sciences  
1405 N. 4th Ave., PMB 4055  
Durant, OK 74701-0609

LETTER OF RECOMMENDATION

Note: The Family Education Rights and Privacy Act of 1974 provides a student access to his/her educational record. The student retains the right to waive access to specific documents in his/her record as follows:

- I do waive my rights to access this document and any supplementary letters or comments.
- I do not waive my rights to see this form and any supplementary letters or comments.

Signature of Applicant ________________________________________________________________

Applicant ___________________________________________________________  
(Please Print)   Last Name                         First  Middle  Student ID #

This Letter of Recommendation shall be prepared by an *individual who is familiar with my professional potential at the:

- Academic level (may not be completed by a member of the Graduate Counseling Coordinating Committee)
- Professional level (e.g., former employer, supervisor, etc.)

*Applicants must have at least one from each category. References may not be completed by individuals who are related to the applicant by blood, law, marriage, or close personal relationship.

1. How long have you known the applicant? _____________

2. In what capacity?  
   _____ Instructor  
   _____ Supervisor  
   _____ Other (specify) __________________________

3. How well do you know the applicant?  
   _____ Very Well  
   _____ Fairly Well  
   _____ Not Very Well  
   _____ Do Not Know

4. Indicate your impression of the applicant on the characteristics below as compared to other applicants you have known.

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7. Recommendation:

I believe this person’s grades ____ do or ____ do not reflect his or her ability level.

If you have or were to have a master’s program in this student’s area of application, how would you view this person’s application to your program?

_____ Admit _____ Admit with Hesitation _____ Do Not Admit

Signature and Credentials: ________________________________________________________________

Organizational Affiliation: _________________________________________________________________

Title: ___________________________ Date __________________________

Name (please print or type) __________________________________________

Address ____________________________________________________________________________

____________________________________________________________________________________

Telephone Number: _________________________________________________________________

Email Address: ________________________________

Your time in completing this is form greatly appreciated. Please return this completed form in a sealed envelope with the recommender’s signature over the seal to the address listed on the top of the previous page.
Southeastern Oklahoma State University
Graduate Counseling Coordinating Committee
Master of Behavioral Studies Degree in Community Counseling
Department of Behavioral Sciences
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____ Admit  ______ Admit with Hesitation  ______ Do Not Admit

Signature and Credentials: ________________________________________________________________

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Southeastern Oklahoma State University
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Master of Behavioral Studies Degree in Community Counseling
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