Dear Future Graduate Student,

Welcome to the School Counseling Master’s Degree Program at Southeastern Oklahoma State University (SOSU)!

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 the 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 School Counseling Master’s Degree Program. As the School 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. Reba Criswell, School 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 007; Telephone: (580) 745-2118; Fax: (580)745-7421; or e-mail, rcriswell@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 School 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.) Verification of the Possession of a Current and Valid Teaching Certificate in Any State (Or the Examination Equivalent as Defined by the School Counseling Program Coordinator; required for unconditional admission).
8.) Three Letters of Recommendation (from both academic and professional sources; see guidelines in this packet)
9.) 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 School Counseling Master’s Degree Program at the following URL:

Thank you for your interest in our program. As the School Counseling Program Coordinator, I am available to answer any questions you may have about the program. Please contact me at (580) 745-2118 or via email at rcriswell@se.edu.

I look forward to hearing from you!

Reba Criswell, Ph.D., LPC, NCC, RPT, Assistant Professor
Certified School Counselor and School 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
SCHOOL 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 (including verification of an earned baccalaureate degree from a regionally-accredited college or university)

☐ A completed copy of this Application Checklist

☐ A completed and signed copy of the Application for Admission to the School 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).

☐ Verification of the possession of a current and valid Teaching Certificate in any state (or the examination equivalent as defined by the School Counseling Program Coordinator; this is a requirement for unconditional admission)

☐ 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.

All documents included in this updated application packet must be used for applications submitted March 15, 2011, or later.

© Southeastern Oklahoma State University
APPLICATION FOR ADMISSION TO THE
SCHOOL COUNSELING MASTER’S DEGREE PROGRAM

Please Note: Please type or print your responses on this form legibly. 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: ___________________________________________

Alternate 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 appropriate box next to each of the following questions (if any boxes are checked “yes,” please explain on a separate document):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Matters of Personal/Professional Misconduct</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>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.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>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.</td>
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<td>☐</td>
<td>☐</td>
<td>I have been convicted in Oklahoma or any other state or jurisdiction of a felony or misdemeanor crime pertaining to domestic violence or stalking.</td>
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<td>☐</td>
<td>☐</td>
<td>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.</td>
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<td>☐</td>
<td>☐</td>
<td>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.</td>
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<td>☐</td>
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<td>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.</td>
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<td>☐</td>
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<td>I have received a suspended sentence, been placed on probation, or been paroled, in Oklahoma or any other state or jurisdiction.</td>
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<td>☐</td>
<td>☐</td>
<td>I currently have felony or misdemeanor charges pending against me in Oklahoma or any other state or jurisdiction.</td>
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If you checked “yes” for any of the boxes above, please provide full details on a separate document (please note that marking “yes” on any of the above boxes does not automatically disqualify applicants from admission to the School 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 School 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 School 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 SOSU university official (i.e., faculty member, administrative assistant, university administrator).
Statement of Personal and Professional Goals
School 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 School Counselor (in your own words).

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

3.) Identify and discuss your understanding of matters of client culture and diversity as they relate to your desired future work as a School Counselor.

4.) A large portion of your development as a School Counselor in training involves a willingness to look inward as you seek to help others through School 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 application to and 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 institution (including verification of materials supplied in conjunction with my application to SOSU or any of its degree programs), for employment and/or for obtaining professional licenses, certifications, or registrations. 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 any and 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 unless I request its termination in writing.

______________________________  ________________________________
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 SOSU university official (i.e., faculty member, administrative assistant, university administrator).

© Southeastern Oklahoma State University
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 (please INITIAL next to the statement below to which you agree):

_____ I do waive my rights to access this document and any supplementary letters or comments in conjunction with my application in addition to any appeals or litigation associated with any decisions rendered regarding my application to or standing in the School Counseling Master’s Degree Program pertaining to this letter of recommendation and any supplemental letters or comments herewith submitted by the recommender.

_____ I do not waive my rights to access this document and any supplementary letters or comments in conjunction with my application in addition to any appeals or litigation associated with any decisions rendered regarding my application to or standing in the School Counseling Master’s Degree Program pertaining to this letter of recommendation and any supplemental letters or comments herewith submitted by the recommender.

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 letter from each category. References may not be completed by individuals who are related to the applicant by blood, law, marriage, committed relationship, or other personal friendship or 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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© Southeastern Oklahoma State University Letter of Reference Form Page 1
5. Additional Comments: Please provide a description of the applicant’s strengths and weaknesses. The most important information you can provide about this applicant is information that is not reflected in the applicant’s transcript and test scores. Attach a separate letter or additional page if necessary.

6. Does this applicant have any psychological or social characteristics or habits which are undesirable in a professional counselor or which may interfere with his or her ability to succeed in a graduate program in School Counseling? If so, please explain.

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 Some Hesitation  ______Admit With Strong Hesitation  ______ Do Not Admit

Signature and Credentials: ________________________________________________________________

Organizational Affiliation: _________________________________________________________________________________

Title: _____________________________________________________________ Date ___________________________

Name (please print or type) ____________________________________________________________________________________

Address ________________________________________________________________________________________________

Telephone Number: ______________________________________________________________________________________

Email Address (please print clearly): ____________________________________________

Your time in completing this 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.
LETTER OF RECOMMENDATION

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

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Signature and Credentials: _____________________________________________________________

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</table>
5. Additional Comments: Please provide a description of the applicant’s strengths and weaknesses. The most important information you can provide about this applicant is information that is not reflected in the applicant’s transcript and test scores. Attach a separate letter or additional page if necessary.

6. Does this applicant have any psychological or social characteristics or habits which are undesirable in a professional counselor or which may interfere with his or her ability to succeed in a graduate program in School Counseling? If so, please explain.

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 Some Hesitation  _____ Admit With Strong Hesitation  _____ Do Not Admit

Signature and Credentials: ______________________________________________________________________________

Organizational Affiliation: _______________________________________________________________________________

Title: _____________________________________________________________ Date __________________________

Name (please print or type) _________________________________________________________________________________

Address ________________________________________________________________________________________________

___________________________________________________________________________________________

Telephone Number: _____________________________________________________________________________________

Email Address (please print clearly): __________________________________________________________________________

Your time in completing this 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.