

***Program Application for
Master of Arts in
Marriage and Family Therapy
University of Louisiana at Monroe***

Please send all enclosed documents to:

*Dr. Jana Sutton
Graduate Coordinator and Program Director
Marriage and Family Therapy Program
College of Health and Pharmaceutical Sciences
Monroe, LA 71209*

**The University of Louisiana at Monroe
Marriage and Family Therapy Master's Program**

General Admission Requirements

Students admitted to the Master of Arts degree program will have successfully completed an undergraduate degree from a regionally accredited institution. Applicants will meet two of the following criteria:

1. A minimum undergraduate grade-point average of 2.5
2. A minimum combined score of 750 (Verbal and Quantitative)
3. A total of at least 1875 points based upon the formula—400 times the overall undergraduate grade-point average plus the combined GRE General Test score (Verbal plus Quantitative).

Eighteen hours of studies in behavioral science (e.g. marriage and family therapy, counseling, psychology, sociology, psychiatric nursing, gerontology, pastoral counseling, or social work) including Abnormal Psychology and Personality Theory, or their equivalent, are prerequisites for this program.

1. Students may be admitted who do not have all eighteen hours; however, they will be required to complete leveling coursework in addition to the standard masters course work.
2. Finalists in the application process will be required to have a personal interview with the MFT Masters admissions committee.

**The University of Louisiana at Monroe
Marriage and Family Therapy Master of Arts Program
Procedure for Admission**

There are two steps to this application process:

1. Application for admission into Graduate School.
2. Application for admission into the MFT Program.

Apply to Graduate School

The following required forms and information should be sent to Graduate School Admissions at the address below no later than March 1:

1. Official university transcripts of all undergraduate and graduate work (one copy from each school attended).
2. GRE scores sent directly from the testing source to our institution code 6482.
3. [Graduate School Application Form](#)

University of Louisiana at Monroe
Graduate School Admissions
700 University Avenue
Monroe, LA 71209

Apply to Marriage and Family Therapy Program

The following forms should be completed and sent to the address below no later than March 1:

1. Marriage and Family Therapy Masters Program Application Form
2. Letters of Recommendation from three colleagues and/or academicians who are familiar with your work skills and academic ability.
3. Graduate Assistantship Application Form (optional).
4. Graduate Assistantship Recommendation Forms (if applying for a Graduate Assistantship). *Note: these forms are **not** the same as your letters of recommendation from step #2 above.*

MFT Masters Program Admissions Committee
Marriage and Family Therapy Program
College of Health & Pharmaceutical Sciences
The University of Louisiana at Monroe
Strauss Hall #306
700 University Avenue
Monroe, LA 71209

- Upon receipt of your application materials sent to the Graduate School, your application will be reviewed. You will receive a letter advising you of your Graduate School admission status from the Director of Graduate School.
- Upon admission to the Graduate School, your Marriage and Family Therapy specific application will be reviewed by the MFT Admissions Committee. *Note: Admission to Graduate School does not automatically ensure admission to the MFT Program.*
- If selected by the MFT Admissions Committee, you will receive an invitation to attend the Masters interviews, when scheduled. You may also be required to bring with you a written response to an article within the field of marriage and family therapy. Directions regarding this assignment, and the article itself, will be included in the correspondence inviting you to the interview.
- Following the interviews, you will receive an official letter regarding your admission status to the MFT Program.
- Upon receipt of an official letter of acceptance into the MFT Program:
 1. Please send a letter of your acceptance or refusal to the MFT Master's Program Admissions Committee at the above address.
 2. You will then receive a letter from the MFT program regarding necessary coursework for the fall semester and a class schedule with information on how to register online.
 3. Register for classes online at <https://banner.ulm.edu>

Please Note: Keep your telephone number(s) and/or address(es) current with both the Graduate School and the MFT Program.

The University of Louisiana at Monroe
Marriage & Family Therapy
Master of Arts Degree Program Application

Applicant's Name: _____

Address: _____

Date of Birth: ____/____/____

Telephone: (Home) _____ (Other) _____

Email: _____ Marital Status: ___ Married ___ Single

Spouse/Emergency Contact/Next of Kin:

Name: _____

Relationship: _____ Contact Number: _____

Undergraduate Degree _____

University _____

GRE Score _____ (Combined Verbal & Quantitative) GPA _____

Please respond to the following on **separate pages**.

- I. **Relevant Training and Clinical Internship:** Provide a detailed description of relevant training and clinical internship.
- II. **Relevant Work Experience to Date:** Provide a current resume that indicates dates and descriptions of relevant work responsibilities.
- III. **References:** Please supply the names and addresses of three people who are familiar with your character and ability to perform academically on the masters level. These should, when possible, include former and/or current professors and employers familiar with your work skills.
- IV. **Applicant Statement:** The following is designed to highlight your interest in and understanding of the marriage and family therapy profession. Therefore, there are no right or wrong answers. Please provide an applicant statement which includes (a) a one (1) page narrative of what it was like to "grow up" in your family and (b) a one (1) page narrative which explains your interest in and knowledge of the field.
- V. **Writing Sample:** Please provide a research paper as it was submitted in one of your undergraduate courses. Ideally this course would have been in the behavioral sciences and the topic closely related to marriage and family therapy.

UNIVERSITY OF LOUISIANA AT MONROE

Office of the Graduate School

APPLICATION FOR GRADUATE ASSISTANTSHIP

(The University of Louisiana at Monroe is an equal opportunity employer)

This form is to accompany the prospective graduate assistant's three letters of recommendation and should be sent to the academic unit in which the assistantship is desired. A separate application for admission to the Graduate School must be submitted by the student to the Graduate School Admissions Office.

APPLICANT INFORMATION

Full Name: _____ CWID: _____

Current Address: _____ Telephone Number: (____) _____ - _____
(Street)

(City, State) (Zip)

Permanent Address: _____ Telephone Number: (____) _____ - _____
(Street)

(City, State) (Zip)

Are you a U.S. Citizen?: Yes No If no, what country?: _____ Visa Type: _____

ASSISTANTSHIP INFORMATION

Unit in Which Assistantship is Desired: _____

Semester and Year Available: Fall 20 ____ Spring 20 ____ Type of Assistantship Preferred: Teaching Research

Please note any abilities that should be considered: _____

ACADEMIC INFORMATION

GRE/GMAT Scores: Verbal _____ Quantitative _____ Total _____ TOEFL: _____

Undergraduate GPA: _____ Graduate GPA: _____ Formula Score: _____

Graduate Major: _____ Admission Status: Regular Conditional

Institutions Attended	Dates Attended	Major	Degree/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION

Scholastic Honors, Organizational Membership, College Activities, Special Interests:

Employment Record (List sequentially, most recent first)

Employer	Employer's Address	Position	Dates Employed
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Recommendations (Ask three persons under whose direction you've studied/worked to send a recommendation to the academic unit in which you wish to receive an assistantship)

Name	Address	Position
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please provide a statement of your academic and career goals: _____

Signature of Applicant

Date

Routing Instructions:

- A. To the unit in which the assistantship is desired:
 - 1. Application for Graduate Assistantship
 - 2. Three recommendation forms/letters

- B. To the Office of the Graduate School
 - 1. Application for admission to Graduate School
 - 2. Official transcripts from all colleges attended
 - 3. All relevant test scores

UNIVERSITY OF LOUISIANA AT MONROE
Office of the Graduate School

GRADUATE ASSISTANTSHIP RECOMMENDATION FORM

PRINT or TYPE. This form should be given to a person under whose direction you have studied or worked and who is able to comment on your qualifications to hold a graduate assistantships. The prospective student must complete the applicant information. Please read all instructions and sign statement before providing sponsors with this evaluation.

APPLICANT INFORMATION

Full Name: _____

Current Address: _____ **Telephone Number:** (____) _____ - _____
(Street)

(City, State) (Zip)

Unit in Which Assistantship is Desired: _____

Semester and Year Available: Fall 20 ____ Spring 20 ____ **Type of Assistantship Preferred:** Teaching Research

Please give one of these forms to each of the sponsors you select - a minimum of three is required. For the convenience of your sponsors, please include a stamped envelope addressed to the unit in which you hope to hold the assistantship. Some instructors or employers, in preparing evaluations of the students whom they know, prefer to preserve the confidentiality of any statements they make. In order to elicit the most candid evaluations possible, we offer you the opportunity of signing a waiver below. A decision not to sign will not prejudice your chances for an assistantship.

I, the undersigned, herewith (____) Do waive (____) Do not waive all rights at any time to examine, review, or read this rating sheet or copies thereof, which are written for, or contained in, the Graduate File at the University of Louisiana at Monroe.

 Signature of Applicant Date

SPONSOR INFORMATION

As required by U.S. Public Law 98-380 as amended by PL 93-568 (Buckley Amendment), a student may elect to waive or not to waive the right of viewing this rating sheet. If the applicant does not waive the right to view it, you should consider the sheet non-confidential and, of course, are at liberty to return the form uncompleted. Your attention is directed to the applicant's signature and statement of intention above.

Full Name: _____

Current Address: _____ **Telephone Number:** (____) _____ - _____
(Street)

(City, State) (Zip)

Relationship to Applicant and Affiliation: _____

Rate applicant compared to academic level	Lower Third	Middle Third	Upper Third	Upper 10%	Upper 5%	Not able to Judge
General Mental Ability						
Competence in Chosen Field						
Motivation plus Diligence						
Potential as Research Scholar						
Potential as Teacher						

Please indicate why you are recommending the applicant. If needed, please append a second sheet.

 Signature of Sponsor Date