

# **UNIVERSITY OF LOUISIANA AT MONROE**

**School of Health Professions  
College of Health and Pharmaceutical Sciences**

Masters of Science Degree (M.S.) in Counseling  
with concentrations in  
Clinical Mental Health Counseling or  
School Counseling

**Program Application**

Please find enclosed the program application you requested. Return the complete application to:

**Program Admissions Committee  
Counseling Program  
School of Health Professions  
University of Louisiana at Monroe  
306 Strauss Hall  
Monroe, LA 71209-0200**

Once your application file is complete, we will forward it to the Program Admissions committee for evaluation. Please follow all instructions below to be sure your application may be reviewed.

I want to encourage you to complete the program application as early as possible, and if you have any questions, please feel free to contact the us at any time.

Sincerely,

John-Nelson Pope, M.Div., Ph.D., LPC  
Program Director

Enclosures

**The University of Louisiana at Monroe**  
**Community Counseling,**  
**School Counseling**  
**Programs Admissions Procedures Checklist**

Attached are the forms and materials necessary for application to the Community Counseling, School Counseling and Addiction Counseling programs at The University of Louisiana at Monroe. The following checklist will assist you in the application and program procedure.

*Master of Science degree program in Clinical Mental Health Counseling – applicants will meet one of the following criteria:*

1. A minimum undergraduate grade-point average of 3.0.
2. A minimum grade-point average of 3.0 on the last 60 hours of undergraduate course work.
3. A minimum combined score of 900 on the GRE General Test (Verbal plus Quantitative).
4. A total of at least 1490 points based upon the formula: overall undergraduate grade-point average  $\times$  400, plus the combined GRE General Test score (Verbal plus Quantitative).

*Master of Education degree program in School Counseling – applicants will meet one of the following criteria:*

1. A minimum undergraduate grade-point average of 3.0.
2. A minimum grade-point average of 3.0 on the last 60 hours of undergraduate course work.
3. A minimum combined score of 900 on the GRE General Test (Verbal plus Quantitative).
4. A total of at least 1490 points based upon the formula: overall undergraduate grade-point average  $\times$  400, plus the combined GRE General Test score (Verbal plus Quantitative).

I. **PROCEDURES FOR ADMISSION TO THE GRADUATE SCHOOL AND CLINICAL MENTAL HEALTH COUNSELING OR SCHOOL COUNSELING.**

- A. You must meet one of the academic criteria listed above before proceeding with this application.
- B. Complete the Application for Graduate School form at [www.ulm.edu/gradschool](http://www.ulm.edu/gradschool) or complete and mail to:

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

- C. Request official university transcripts of undergraduate and graduate work (one copy from each school attended) be sent directly to the Graduate School (see address above).
- D. You must take and/or request that Graduate Record Examination scores be sent directly to the Admissions Office listed above, or electronically to institution code 6482.
- E. Review enclosed program descriptions and make decisions based upon your needs.
- F. Complete CLINICAL MENTAL HEALTH COUNSELING OR SCHOOL COUNSELING form, APPLICANT PERSONAL STATEMENTS form and GRADUATE ASSISTANTSHIP APPLICATION (optional) and return each form directly to:

**Counseling Programs Admissions Committee  
School of Health Professions  
University of Louisiana at Monroe  
306 Strauss Hall  
Monroe, LA 71209-0200**

- G. Request that a Recommendation Form (attached) from a minimum of three (3) individuals who know your relevant work and/or educational experiences be sent by them directly to the Counseling Programs Admissions Committee. *These recommendation forms are separate from the Graduate Assistantship Recommendation forms.*
- H. Receive notice by mail or phone of time and place of personal interview.
- I. Receive by mail, letter of admission status from Dean of Graduate Studies and Research.
- J. Receive by mail, assignment of major professor.
- K. Meet with major professor for course work planning.

L. Register for classes on Banner.

II. **APPLICATION DEADLINE**

The completed program application, three recommendation forms, GRE scores and official transcripts must be received in the COUNSELING PROGRAM and Counseling office by:

**MARCH 31 TO BE ENROLLED IN THE SUMMER OR FALL TERM  
NOVEMBER 15 TO BE ENROLLED IN THE SPRING TERM**

III. **PROCEDURES FOR SUCCESSFUL COMPLETION OF CLINICAL MENTAL HEALTH COUNSELING OR SCHOOL COUNSELING PROGRAMS:**

- A. Following acceptance to a counseling program, meet with major professor and form Graduate Committee.
- B. File formal degree plan with major professor (NO LATER THAN AFTER COMPLETION OF 12 HOURS WORK).
- C. Receive by mail, notice of approval of degree plan from Graduate School.
- D. Obtain admission into Clinical Internship by successful completion of prerequisite courses and recommendation of Clinical Faculty.
- E. Begin Clinical Internship experience.
- F. During registration of final semester, apply at Graduate Studies and Research for comprehensive examination and graduation.
- G. Successfully complete comprehensive examination process.
- H. Order graduation cap and gown.
- I. Graduate!

IV. **RECOMMENDED BEGINNING COURSES FOR CLINICAL MENTAL HEALTH COUNSELING OR SCHOOL COUNSELING:**

<b>Clinical Mental Health Counseling and School Counseling Majors</b>
COUN 5001 Introduction to Counseling
COUN 5005 Theories of Counseling
COUN 5010 Methods of Counseling
COUN 5081 Research

**CLINICAL MENTAL HEALTH COUNSELING  
SCHOOL COUNSELING  
PROGRAMS APPLICATION**

RETURN COMPLETED FORM TO:

Counseling Programs Admissions Committee  
School of Health Professions  
University of Louisiana at Monroe  
306 Strauss Hall  
Monroe, LA 71209-0200

Place # 1 in blank for 1<sup>st</sup> program choice.  
Place # 2 in blank for 2<sup>nd</sup> program choice.

\_\_\_\_\_ Master of Science, Clinical Mental Health Counseling  
\_\_\_\_\_ Master of Education, School Counseling

**I. BACKGROUND**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Marital History (1<sup>st</sup>, 2<sup>nd</sup>, ...): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Children and Dependent Names and Ages:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any limitations, if any, as to when you (and your family) could come for an interview.

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(Please respond to the following on separate pages)

- II. **WORK EXPERIENCE TO DATE** (indicate paid and volunteer) – give dates and description of responsibilities.
- III. **RELEVANT TRAINING AND COUNSELING EXPERIENCE** (be as specific as possible).

**RETURN COMPLETED FORM TO:  
Counseling Programs Admissions Committee  
School of Health Professions  
University of Louisiana at Monroe  
306 Strauss Hall  
Monroe, LA 71209-0200**

Clinical Mental Health Counseling  
School Counseling  
**APPLICANT PERSONAL STATEMENTS**

The following questions are designed to give the Programs Admissions Committee some impressions of who you are and your reasons in pursuing admission to a counseling degree program. There are no right or wrong answers. Feel free to add any additional comments and/or information. *Your answers will be kept confidential and reviewed only by the Admissions Committee.*

- A. **PERSONAL RESPONSES.** Please answer in depth and type on separate sheet.
1. What five adjectives would you choose to best describe yourself? For each, give an incident from your life which illustrates that characteristic of you.
  2. Each person has people in his/her life who are important to him/her and whose feelings and opinions are valued. Those individuals are often referred to as a "reference group." Tell something about your reference group and indicate who they are and how they have affected you.
  3. What life experiences have led to your decision to enter the helping professions and to train to be a counselor/therapist?
  4. Why did you choose one of the counseling degree programs at The University of Louisiana at Monroe?
  5. Describe your present family life. If single, also include any significant relationships.
- B. **AUTOBIOGRAPHY.** In addition to responding to the above questions, please submit a short autobiography, including family history, three to five typed pages.







**RECOMMENDATION FORM**  
**COUNSELING PROGRAM**  
**SCHOOL OF HEALTH PROFESSIONS**  
 University of Louisiana at Monroe  
 Strauss Hall 306  
 Monroe, LA 71209-0200  
 (318) 342-1246

Please Type or Print

Name of Applicant \_\_\_\_\_  
 (Last or Family Name) (First) (Middle)

One recommendation must be submitted from the last school attended for full-time study unless the applicant has been out of school five years or longer.

\_\_\_\_\_ I do waive my right to inspect the contents of the following recommendation

\_\_\_\_\_ I do not waive my right to inspect the contents of the following recommendation

Signed: \_\_\_\_\_  
 (applicant)

Recommender's Comments

How well and/or in what capacity do you know the applicant? \_\_\_\_\_

What is your estimate of the applicant's promise as a graduate student? Please discuss applicant's accomplishments, intellectual independence, and capacity for analytical thinking, ability to organize and express ideas clearly, motivation, potential for teaching/counseling and any previous writing experiences that would be relevant. (Attach additional paper, if necessary.)

If applicant's native language is not English, please evaluate oral English proficiency \_\_\_\_\_

On the following scale, please rank applicant with other students in comparable fields.

Bottom Quarter	Third Quarter	Second Quarter	Top 25%	Top 10%	Top 5%	Top 1-2%

Admission to the School of Graduate Studies at The University of Louisiana at Monroe:

\_\_\_\_\_ Strongly recommended  
 \_\_\_\_\_ Recommended  
 \_\_\_\_\_ Recommended with reservations  
 \_\_\_\_\_ NOT Recommended

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title/Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date \_\_\_\_\_

**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

# 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.

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### APPLICANT INFORMATION

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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: \_\_\_\_\_

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### ASSISTANTSHIP INFORMATION

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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: \_\_\_\_\_

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### ACADEMIC INFORMATION

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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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**OTHER INFORMATION**

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

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**Employment Record (List sequentially, most recent first)**

Employer	Employer's Address	Position	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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