

ST. CLOUD STATE UNIVERSITY  
**SCHOOL OF GRADUATE STUDIES**

Application for Admission to Certificate Program  
**SCHOOL COUNSELING**

**Materials Required to Complete the Application Process**

- A \$35 application fee. (The fee is waived if you have been admitted to a master's program at St. Cloud State University. Should you subsequently begin a master's program, this fee will not be charged again.)
- An official undergraduate transcript(s) showing completion of a baccalaureate degree. (If received from SCSU, we will obtain your transcript from our Office of Records. If already admitted to a Master's program at SCSU, no further transcript will be needed.)
- To be eligible for this certificate, a student must be admitted to or have completed a graduate degree program at SCSU **OR** have completed a graduate degree program in counseling, psychology, human development, education, special education, social work, or any other mental health field at another institution.

I am currently in a master's counseling program at St. Cloud State University \_\_\_\_\_  
Program

I have completed a master's degree \_\_\_\_\_  
Degree Institution Completion Date

- An official transcript showing the completion of a master's degree. (If already admitted to a master's program at SCSU, no further transcript will be needed.)

**All applicants must complete the following:**

- A brief description of the applicant's backgrounds, training, and experience
- A statement of short and long professional goals
- A statement of purpose regarding the interest in the credentialing program
- Identification of areas of strengths and challenges in pursuing this certificate

**New applicants to St. Cloud State University must submit the following:**

- A personal data form
- Three recommendation forms
- A current resume listing educational background, professional experience, and volunteer and community involvements

**NAME** \_\_\_\_\_  
First Middle Last Previous

**STUDENT ID** \_\_\_\_\_ **SS NUMBER** \_\_\_\_\_  
(Voluntary for ID purposes only)

**CURRENT ADDRESS** \_\_\_\_\_  
Street Address City State/Country Zip/Postal Code

\_\_\_\_\_ Current Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**PERMANENT ADDRESS** \_\_\_\_\_  
(if different from above) Street Address City State/Country Zip/Postal Code

Permanent Phone Number \_\_\_\_\_

**CITIZEN/RESIDENT**

- Citizen of the United States: Resident of which state? \_\_\_\_\_
- Resident Alien of United States: Resident of which state? \_\_\_\_\_
- International Student: Resident of which country? \_\_\_\_\_

**EDUCATION**

Degree	Graduation Date	Name of Institution	City	State	Zip
Degree	Graduation Date	Name of Institution	City	State	Zip

**PLANS FOR GRADUATE STUDY**

I intend to begin my graduate study  Fall Semester  Spring Semester  Summer term Year \_\_\_\_\_  
 I plan to attend  full-time  part-time  Online Program  Location \_\_\_\_\_  
 (if other than on SCSU campus)

● Please attach a statement no longer than one page stating your interest and objectives in pursuing a graduate certificate in School Counseling.

**SIGNATURE REQUIRED BY ALL APPLICANTS**

I certify that the information given on this application and on all other application materials is complete and correct to the best of my knowledge. I understand that I am responsible for the forwarding of official transcripts from colleges and universities I have attended, and that such transcripts become the property of SCSU and will not be returned. I understand that falsification of my records may be cause for SCSU to void either my admission or registration or take other appropriate action.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACCESS TO ADMISSION APPLICATION FILE**

St. Cloud State University complies with federal and state privacy laws and regulations. Those who may gain access to information in your file are staff and faculty at SCSU who have a need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state or federal law. In addition, you may review your own file. No one else may view your file without your written consent or a subpoena or court order. **If you want the University to give your information to someone else such as parents, spouse, other relatives, or friend, you must complete and sign this section of the application.** This consent will remain in effect for one year from the date you sign unless you advise the University earlier that you want to withdraw your consent. If you give someone else access to your file, that person may be able to help us process your application.

**I authorize the following person(s) to receive information in my St. Cloud State University application file.**

YES  NO

Name \_\_\_\_\_

Relation to me \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:** School of Graduate Studies  
121 Administrative Services Building  
St. Cloud State University  
720 South Fourth Avenue  
St. Cloud, MN 56301-4498

FOR OFFICE USE ONLY	
Application Received _____	Date Admitted to Program _____