

# ST. CLOUD STATE UNIVERSITY

*A tradition of excellence and opportunity*

## 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.)
  - 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 a completed 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 letters of recommendation.
- A current resume listing educational background, professional experience, and volunteer and community involvements.
- A score from the Graduate Record Examination (GRE).

### NAME:

First Middle Previous Last

### STUDENT ID:

### SS NUMBER:

*(Voluntary, for ID purposes only)*

### CURRENT ADDRESS:

Street Address

City

State/Country

Zip/Postal Code

Current Home Number

Work Number

Cell Phone

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?

**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 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 I 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 receive 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.**

Name:

Relation:

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 Fourth Avenue South  
 St. Cloud, MN 56301-4498

<b>FOR OFFICE USE ONLY</b>	
Application Received _____	Date Admitted to Program _____