

UNIVERSITY OF OKLAHOMA
COLLEGE OF EDUCATION
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

COMMUNITY COUNSELING
APPLICATION FOR ADMISSION TO THE M.ED. PROGRAM

DIRECTIONS: Please supply all requested information or indicate not applicable (NA).

A. General Information: *(Please type or print)*

Name _____ Male Female

Home Phone _____ Work Phone _____ Email Address: _____

Date of Birth _____ Birthplace _____

Social Security Number _____

Mailing Address for Reply _____

Permanent Address _____

Ethnic Background (Optional):

_____ White
_____ African-American
_____ American Indian
_____ Hispanic
_____ Asian
_____ Other

I have attended these colleges and universities:

<u>Institution</u>	<u>Dates Attended</u>	<u>Degree Rec'd</u>	<u>Major/Minor</u>
--------------------	-----------------------	---------------------	--------------------

<u>GPA</u>			
1. _____			
2. _____			
3. _____			

Date of most recent GRADUATE RECORD EXAM (GRE) General Test _____
MO. YR.

B. Professional Training and Plans:

1. Have you earned any graduate credits? _____ If yes, please describe: _____

2. Based on your current thinking, which work setting(s) seem most appropriate to your occupational objective?

- | | |
|---------------------------------|--|
| _____ Community College | _____ Veterans Administration |
| _____ College or University | _____ Community Mental Health Center |
| _____ Private Practice | _____ Vocational Rehabilitation Agency |
| _____ Community Guidance Center | _____ Other Social Agency; _____ |

3. Do you foresee additional training as being included in your educational future?

- (a) _____ No
- (b) _____ Doctorate in Counseling Psychology
- (c) _____ Doctorate in _____
- (d) _____ Other _____

C. Background Experience: List the last two major jobs you held and supply the information requested. List the most recent first.

1. Date of employment: From _____ to _____ Title: _____

Name and address of employer: _____

Description of your work: _____

Reason for leaving: _____

2. Date of employment: From _____ to _____ Title: _____

Name and address of employer: _____

Description of your work: _____

Reason for leaving: _____

D. Outside Activities and Interests:

1. Membership in professional and/or honorary organizations.

(a) _____ from _____ to _____

(b) _____ from _____ to _____

(c) _____ from _____ to _____

2. Volunteer work, part-time jobs, or experience that may be relevant:

E. Please attach a statement regarding your interest in the field of counseling. Use the following points as the basis for your statement: (*Please type or print*)

(a) When and why you decided you wanted to study and work in this field;

(b) Subsequent considerations or developments that have held your interest in this field;

(c) Your strongest assets;

(d) Why you feel you would be successful;

(e) Present limitations or weaknesses and conditions you feel that might cause difficulties in your graduate work or professional activities.

F. In order to help us evaluate our recruiting efforts, please indicate how you came to know about our program.

1. _____ Introduction to Counseling course, EDPY 4413.
2. _____ Announcements made in some other class.
3. _____ From friends or acquaintances.
4. _____ Mail-out letters with brochures.
5. _____ University recruiters.
6. _____ Other: _____.

G. For reporting purposes only, please indicate if you are a recipient of any scholarship, fellowship etc. (ie: McNair Scholar)

H. Please respond to the items below and clarify, if necessary, in a written explanation.

1. During the preceding ten-year period, have you ever been convicted of a felony?
 Yes No
2. During the preceding ten-year period, have you ever been convicted of a crime involving moral turpitude?
 Yes No
3. Have you ever experienced or been treated for substance abuse?
 Yes No
4. Have you ever experienced or been treated for severe mental health problems (e.g., clinical depression, personality disorders or other major conditions) that may impair your judgment or create performance difficulties with program requirements?
 Yes No

If you responded "Yes" to any of the four items above, please explain below.

- I. I understand that there is no self advising in this program and, if admitted, I agree to read the Graduate College Bulletin, and see my advisor in person prior to my initial enrollment.**

Date

Signature

Please return this application to:

Applications Officer
Educational Psychology Department
Collings Hall, Room 321
820 Van Vleet Oval
Norman, Oklahoma 73019