Please supply the information requested in order to present your situation accurately. A complete application includes the following items:

1. A Graduate College application (http://gradweb.ou.edu/)

2. A completed departmental application (attached)

3. A personal statement that describes your interest in the field of Community Counseling. Use the following points as the basis for your statement: (Please type or print)

   The personal statement consists of two parts, each not to exceed 800 words.
   
   • Part 1: Describe your career path and decision-making to this point, your interest and motivation to work in this field, and how this degree would facilitate your ultimate professional desires.

   • Part 2: As you envision yourself working in this field, describe potential strengths and limitations in terms of both applied counseling and research work.

4. Three (3) letters of recommendation from individuals (former faculty, employers, etc.) who are familiar with your qualifications and potential for doctoral work. There is not a specific recommendation form to use. Letters from psychologists are typically most helpful.

5. Transcripts of previous college and university coursework

6. Official GRE score report

International students must also submit a TOEFL score.

*Application materials become the property of the University of Oklahoma Department of Educational Psychology and will not be returned.
COMMUNITY COUNSELING
APPLICATION FOR ADMISSION TO THE MASTERS PROGRAM

Application Deadline
Summer Semester – January 31

A. General Information (Please type or print)

Name: ________________________________ □ Male □ Female

Date of Birth: _______________ Email Address: ________________________________

Home Phone: _______________ Cell Phone: _______________ Work Phone: _______________

Student ID Number (If applicable): ________________________________

Current Address: ____________________________________________

Permanent Address: ____________________________________________

Racial/Ethnic Background (Optional):

____________________________________________________________

All colleges and universities attended (include any graduate work or professional training). Begin with most recent. Use the back of the last sheet if more space is needed.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree</th>
<th>Major/Minor</th>
<th>Dates Attended</th>
<th>GPA</th>
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Date of most recent GRADUATE RECORD EXAM (GRE) General Test: ____________________

Month/Year
B. Professional Training and Plans

1. Have you earned any graduate credits? ☐ Yes ☐ No

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?

☐ No
☐ Doctorate in Counseling Psychology
☐ Doctorate in __________________________
☐ Other __________________________

C. Background Experience: List the last major jobs you held in chronological order, beginning with the most recent.

1. Dates of employment: ______________ Title: ________________________________

Name and address of employer: ________________________________________________
__________________________________________________________________________

Direct Supervisor (include discipline, degree, and licensure status if known): __________
__________________________________________________________________________

Description of your work: ___________________________________________________
2. Dates of employment: ___________________ Title: __________________________

Name and address of employer: ______________________________________________

____________________________________________________

Direct Supervisor (include discipline, degree, and licensure status if known): __________

____________________________________________________

Description of your work: ________________________________________________

____________________________________________________

Reason for leaving: ________________________________________________

3. Dates of employment: ___________________ Title: __________________________

Name and address of employer: ______________________________________________

____________________________________________________

Direct Supervisor (include discipline, degree, and licensure status if known): __________

____________________________________________________

Description of your work: ________________________________________________

____________________________________________________

Reason for leaving: ________________________________________________
D. **Outside Activities and Interests**

1. I now belong to or have belonged to the following professional or honorary organizations:

<table>
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<tr>
<th>Organization and Role (offices held, etc.)</th>
<th>Dates of Membership</th>
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3. Volunteer work, part-time jobs, or experience which may be relevant. Please be sure to describe the nature of any experiences involving direct human services.

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

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

☐ EDPY 4413 – Introduction to Counseling course

☐ A class I took: ____________________________ (Course Name/Instructor)

☐ From friends/acquaintances

☐ Recruitment literature

☐ Other: ____________________________

G. For reporting purposes only, please indicate if you are now or have ever been a recipient of any higher education scholarship, fellowship etc. (e.g., McNair Scholar)

H. I understand that there is no self advising in this program and, if admitted, I agree to read the Graduate College Bulletin, and contact my advisor prior to my initial enrollment. By signing this application, I agree that the contents of my application file are the property of the Department of Educational Psychology and cannot be released to me or to a third party.

I. The Community Counseling Program consists of 45 semester hour leading to the Master of Education (M.Ed.) degree. The program meets most of the requirements for becoming a Licensed Professional Counselor (LPC). It is important to note, however, that Oklahoma, along with most other states, requires 60 semester hours of coursework for the LPC. Students seeking licensure must take 15 credit hours of additional coursework concurrently with program requirements or after completing the degree.

___________________________  ______________________________
Signature                                      Date

PLEASE RETURN THIS APPLICATION TO:

Applications Officer
Department of Educational Psychology
Jeannine Rainbolt College of Education
University of Oklahoma
820 Van Vleet Oval, Room 321
Norman, OK  73019