Dear Applicant:

We welcome your interest in our Master’s Degree in Counseling, and please be assured that we read carefully all applications. We are interested in knowing who you are from your unique perspective. As noted in our program’s catalog description, our training expects personal disclosure and the ability to articulate one’s psychological experience relative to the training goals of either the Clinical Mental Health Counseling (Marriage & Family Therapy & Licensed Professional Clinical Counseling) or the School Counseling Program (Pupil Personnel Services). As a consequence, our application process also requires a degree of personal disclosure, including a 5-page autobiography. All disclosures, written and verbal are held in strict confidence.

Thank you,
Counseling Department Faculty
APPLICATION DEADLINE – All materials must be received by January 30, 2015 (not postmarked in the office by Friday, January 30, 2015)

Sonoma State University Application:
In addition to the department application process outlined below, YOU MUST ALSO SUBMIT A CSU GRADUATE APPLICATION TO THE UNIVERSITY through the Office of Admissions. Obtain an application by applying online to http://www.sonoma.edu/.

If you have questions regarding fees please go to the Graduate Studies website: www.sonoma.edu/aa/gs/ and click on the Fees/Charges link. If you are applying to the program then you should apply for financial aid at the same time.

Students interested in pursuing scholarship funding are strongly encouraged to contact the SSU Scholarship office. Applications for scholarships occur only once per year, and it is important to attend to the scholarship deadline (typically in January). Students may apply for scholarships prior to being admitted to the program. If they do not ultimately enter the MA in Counseling program, they will forfeit any earned scholarships. Scholarship information is located at: http://www.sonoma.edu/scholarship

Counseling Department Application:
Submit the Initial Application Form to the Counseling Department with a $25.00 fee. (Make checks payable to SSU, no cash, please.) Please submit as soon as possible, so that we can create a file for you.

Please submit the following materials as a complete package to the Counseling Department.
1) Information Sheet; 2) Education & experience; 3) Personal data & autobiography; 4) 3 letters of recommendation (please use the department form); 5) official transcripts.

**Official Transcripts:** You need to request transcripts from each institution where you obtained or completed relevant course work. We need one official sealed transcript. Please check with Admissions and Records regarding their transcript requirement. Transcripts must be sealed. Unofficial transcripts will not be accepted. The Counseling Department does not submit transcripts to A&R. **There are two separate applications: The Counseling Department & the University Application.**

It is not possible for the Department to obtain copies of any transcripts already on file in the SSU Admissions Office. Please begin requesting your transcripts EARLY as the process may take up to several weeks. Have a set of SSU transcripts sent to the Counseling Department (Nichols Hall 220) if you have taken classes at SSU.

Note: GRE scores are not required for this program.

Reapplication: If you applied last year and wish to reapply, submit the Initial Application Form, $25 and it is expected that you update your file and provide the admission committee with a cover letter detailing personal and professional growth since your last application.

Please retain this sheet to have a record of the requirements and deadline dates.

LATE APPLICATIONS WILL NOT BE ACCEPTED
ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE COUNSELING DEPARTMENT
SONOMA STATE UNIVERSITY

INITIAL APPLICATION FORM
MASTER’S IN COUNSELING
FALL 2015

Please mail this form along with your $25 check made payable to SSU to:
Department of Counseling
1801 East Cotati Avenue, NH 220
Rohnert Park, CA. 94928

Name: ___________________________________________ Date: ______________________

Address: ________________________________________ Home Phone: ____________________________
_________________________________________________ Cell Phone: _____________________________

Email address:____________________________________

Any other names that may appear on your records:
________________________________________________

I applied in 2014 and would like to reapply for 2015 __________

Educational Background:

Please list below all colleges and universities attended where you obtained a degree or earned relevant credits.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Year(s) Attended</th>
<th>Degree Earned</th>
<th>Year Awarded</th>
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Objectives:

Which option in our program are you applying for? (One only)

Clinical Mental Health Counseling (MFT & LPCC license) _______
School Counseling: Pupil Personnel Services (for PPS Credential) _______
School Counseling: PPS Credential, only (already have a masters in counseling) _______
SONOMA STATE UNIVERSITY

INFORMATION SHEET
MASTER’S IN COUNSELING
FALL 2015

Date: ______________________

Name: ________________________________________________________________________
  Last    First    Middle

Address: ______________________________________________________________________
  Street  City    State  Zip

Phone: ________________________________________________________________________
  Cell  Work    e-mail

Applying for (circle one):       Full-time (15 units/semester)     Part-time (less than 15 units)

PROFESSIONAL OBJECTIVES:

Please check one of the boxes below pertaining to your objectives:

☐ Clinical Mental Health Counseling: leading to licensure as an MFT & LPCC
☐ School Counseling: leading to the Pupil Personnel Services Credential (PPS)
☐ Pupil Personnel Service Credential ONLY (already have a masters in a “related” field)

Please indicate if you have taken the following prerequisite courses:

Personality Theory  (both CMHC&PPS)  Course #  School  Year  Term Taken
Statistics  (both CMHC&PPS)  Course #  School  Year  Term Taken
Abnormal Behavior  (CMHC Only)  Course #  School  Year  Term Taken
Child Development  (PPS Only)  Course #  School  Year  Term Taken
CBEST Completion  (PPS Only)

(Child Development is NOT required if you have a Valid Teaching Credential)
### Education and Experience

**Post High School Education:** (List your most recent education experience first)

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<th>Year(s)</th>
<th>Degree</th>
<th>Major/Minor</th>
<th>GPA</th>
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**Counseling and Related Experience:** (List your most recent experience first)

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<th>Volunteer</th>
<th>Type of Work</th>
<th>Paid</th>
<th>Firm or Institution</th>
<th>Supervisor</th>
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**Other Experience:** (List your most recent experience first)

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SONOMA STATE UNIVERSITY
Master’s in Counseling Application

Counseling Career Perspective & Goals:

Your typed responses to the following questions should not exceed 3 inches per question (point size no smaller than 12, single-spaced)

1. On the basis of your past experiences in working with people, describe the personal characteristics and experiences that have made you effective in helping or working with people.

2. On the basis of your past experiences in working with people, describe the personal characteristics and experiences that you feel you need to develop or improve in order to become more effective in helping or working with people.

3. What has led you to seek a career in Counseling?

4. What are your professional goals after you receive training in the Counseling program?

Autobiography:

**Length:** Must be a minimum of five double-spaced typewritten pages, not to exceed six pages.

**Quality:** This document will also be used to assess your writing proficiency, and thus both content and format should be carefully written. This is very important.

**Content:** We are interested in learning more about you as an individual. We would like you to tell us something about your outlook on life, your attitudes toward your early years—your family, your friends, your schooling, and your ambitions—and how your attitudes and values have changed or become stabilized over the years.

**Essence:** We would like you to tell us what kind of person you feel you are, how you got that way, and what kind of person you are becoming. What are the important things we should know about you?

All Application Materials Become The Property of the Counseling Department
SONOMA STATE UNIVERSITY
Master's in Counseling

LETTER OF RECOMMENDATION
FOR ADMISSION TO MASTER’S IN COUNSELING PROGRAM
FALL 2015

Please print legibly or type. If you do not use this form, please address all questions.

Applicant Name: _____________________________________________ Date: _____________

Please Return This Form Directly To The Applicant

Your carefully considered evaluation of this applicant will greatly aid in the selection of those best qualified for admission. Community Mental Health Counseling (MFT/LPCC) graduates of our program provide individual, couples, family and group counseling services to children and adults in community agencies, schools, and private practice. School Counseling (PPS) graduates of our program provide school counseling services in K-12 schools. Since there is a January 31 deadline for completion of application materials, please return this form/recommendation letter in a timely manner to the applicant. By returning this form to the applicant it allows the applicant to turn it in along with all the application material at one time.

State regulations require that all files, including Letters of Recommendations, be available to students. Please note here if you approve of copies of this letter being released to the applicant for other purposes (grants, jobs, etc.) _____ YES _____ NO

In what capacity do you know the applicant? _________________________________________
______________________________________________________________________________

How long have you known the applicant? ____________________________________________
How well do you feel that you know the applicant? ____________________________________
______________________________________________________________________________

Please Write Legibly

Name: ____________________________________    Position_____________________________
Business or Institution: ____________________________________________________________
Address: ________________________________________________________________________
Work Phone: _____________________________  E-Mail:________________________________
Signature: _______________________________________________________________________
1. Please evaluate the applicant’s intellectual or academic capacity (intelligence, creativity, ability to grasp and communicate conceptually, promise of intellectual growth, etc.)

2. For CMHC (MFT & LPCC) applicants, please evaluate the applicant’s clinical capacity (interpersonal sensitivity, interest and insight into psychological functioning, “psychological-mindedness,” etc.) For School Counseling (PPS) applicants, please evaluate the applicant’s interpersonal sensitivity (team-building skills and potential for consultation with educators as well as parents).

3. Please give us your overall estimate of the applicant as a potential graduate and professional counselor. Are there situational factors, which need to be considered in accepting the applicant? How well has the applicant handled his/her own problems? Are there other special indications that the applicant should or should not be accepted? (Personal maturity and stability, motivation, integrity, etc.)

4. Please rate this student in terms of overall promise.

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<tr>
<th>Below Average (Low 40%)</th>
<th>Average (Mid 20%)</th>
<th>Somewhat Above (Next 15%)</th>
<th>Good (Next High 15%)</th>
<th>Unusual</th>
<th>Outstanding (Highest 10%)</th>
<th>Truly Exceptional</th>
<th>No Opinion</th>
</tr>
</thead>
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