

# **UNIVERSITY OF LOUISIANA AT MONROE**

**School of Health Professions  
College of Health and Pharmaceutical Sciences**

Masters of Science Degree (M.S.) in Counseling  
with concentrations in  
Clinical Mental Health Counseling or  
School Counseling

**Program Application**

Dear Potential Counseling Program Applicant:

Please find enclosed the program application you requested. Return the complete application by the stated deadline to:

**Program Admissions Committee  
Counseling Program  
School of Health Professions  
University of Louisiana at Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200**

Once your application file is complete, it will be forwarded to the Program Admissions committee for evaluation. Please follow all instructions to be sure your application is reviewed. Late and/or incomplete applications will not be reviewed so completing applications as early as possible is always encouraged. If you have questions during the application process, please do not hesitate to call the Marriage & Family Therapy and Counseling Studies office at 318-342-1246.

We are delighted you are applying to study counseling at the University of Louisiana at Monroe.

Sincerely,

Jana P. Sutton, Ph.D., LPC-S., LMFT-S  
Program Director

Enclosures

**The University of Louisiana at Monroe  
Counseling Program: Clinical Mental Health Counseling &  
School Counseling Concentrations**

**Concentrations Admissions Procedures Checklist**

Attached are the forms and materials necessary for applying to the Clinical Mental Health Counseling and School Counseling programs at The University of Louisiana at Monroe. The following information will assist you in the application and program procedure.

Admission to the Counseling program is at the discretion of the Counseling Program Admissions Committee. In addition to meeting the university requirements for admission to the Graduate School at ULM, applicants for admission to either the Clinical Mental Health Counseling or School Counseling concentrations in Counseling will meet one of the following criteria:

*Master of Science degree program in Counseling - Clinical Mental Health Concentration – applicants will meet one of the following criteria:*

1. A minimum undergraduate grade point average of 3.0 overall; and a minimum combined score of 290 on the new GRE General Test (Verbal plus Quantitative); or
2. A total of at least 1490 points based upon this formula: 400 times the undergraduate grade-point average on the last 60 semester hours of undergraduate course work plus the combined GRE General Test score (Verbal plus Quantitative).
3. Students applying for the program who already possess a master's or doctoral degree are exempt from the GRE requirement.

*Master of Science degree program in Counseling - School Counseling Concentration – applicants will meet one of the following criteria:*

1. A minimum undergraduate grade point average of 3.0 overall; and a minimum combined score of 290 on the new GRE General Test (Verbal plus Quantitative); or
2. A total of at least 1490 points based upon this formula: 400 times the undergraduate grade-point average on the last 60 semester hours of undergraduate course work plus the combined GRE General Test score (Verbal plus Quantitative).
3. Students applying for the program who already possess a master's or doctoral degree are exempt from the GRE requirement.

I. **PROCEDURES FOR ADMISSION TO THE GRADUATE SCHOOL AND COUNSELING PROGRAM.**

- A. You must meet one of the academic criteria listed above before proceeding with this application.
- B. The Application for Graduate School at the University of Louisiana at Monroe should be completed online at <http://www.ulm.edu/gradschool/applyonline.html>. The application fee is \$40.00.
- C. Request official university transcripts of undergraduate and graduate work (one copy from each school attended). Transcripts may be sent electronically to [gradadmissions@ulm.edu](mailto:gradadmissions@ulm.edu). Our institution code for GRE and GMAT scores is 6482. Transcripts may also be sent directly to the Graduate School at the following address:

**Graduate Admissions  
University of Louisiana at Monroe  
Hanna Hall Room 241  
700 University Avenue  
Monroe, LA 71209**

- D. You must take and/or request that Graduate Record Examination scores be sent directly to the Admissions Office listed above, or electronically to institution code 6482.
- E. Review enclosed program descriptions and make decisions based upon your needs.
- F. Complete enclosed PROGRAMS APPLICATION and APPLICANT PERSONAL STATEMENTS and return each form directly to:

**Program Admissions Committee  
Counseling Program  
School of Health Professions  
University of Louisiana at Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200**

- G. Pay the \$55 Application Fee. Submit the non-refundable payment over the phone by credit card to La Capitol FCU by calling (318) 342-5130. Keep the confirmation number for your records.
- H. Request that a Recommendation Form (attached) from a minimum of three (3) individuals who know your relevant work and/or educational experiences be sent by them directly to the Counseling Programs Admissions Committee.
- I. If selected for an interview, you will receive notice by mail or phone of the date and time of your personal interview.

- J. Receive by mail a letter of admission status from the Director of the Graduate School.
- K. If accepted, you will receive notification of the assignment of your major professor.
- L. Meet with major professor for course work planning.
- M. Complete electronic orientation and return signed acknowledgement of program policies and procedures.
- N. Register for classes on Banner.

II. **APPLICATION DEADLINE**

The completed program application, application fee, three recommendation forms, GRE scores and official transcripts must be received in the COUNSELING PROGRAM and Counseling office by:

**MARCH 31 TO BE CONSIDERED FOR THE FALL TERM  
NOVEMBER 15 TO BE CONSIDERED FOR THE SPRING TERM**

III. **PROCEDURES FOR SUCCESSFUL COMPLETION OF PROGRAM:**

- A. Following acceptance to a counseling program, meet with major professor and form Graduate Committee.
- B. File formal degree plan with major professor (NO LATER THAN AFTER COMPLETION OF 12 HOURS WORK).
- C. Receive by mail a notice of approval of degree plan from Graduate School.
- D. Obtain admission into Clinical Internship by successful completion of prerequisite courses and recommendation of Clinical Faculty.
- E. Begin Clinical Internship experience.
- F. During registration of final semester, register for comprehensive examination through the Counseling Program and apply for graduation through the Graduate School.
- G. Successfully complete comprehensive examination process.
- H. Order graduation cap and gown.
- I. Graduate!

For office use  
only:  
Fee Paid: \_\_\_\_\_

COUNSELING PROGRAM: CLINICAL MENTAL HEALTH  
COUNSELING/SCHOOL COUNSELING CONCENTRATIONS

APPLICATION

RETURN COMPLETED APPLICATION TO:

**Program Admissions Committee**  
**Counseling Program**  
*(check one of the following)*  
**School Counseling** \_\_\_\_  
**Clinical Mental Health Counseling** \_\_\_\_  
**School of Health Professions**  
**University of Louisiana at Monroe**  
**371 Strauss Hall**  
**Monroe, LA 71209-0200**

**\*Non-refundable fee of \$55.00 must be paid before processing of application. You may submit the non-refundable payment over the phone by credit card to La Capitol FCU by calling (318) 342-5130. Keep the confirmation number for your records\***

Place # 1 in blank for 1<sup>st</sup> program choice.

Place # 2 in blank for 2<sup>nd</sup> program choice.

\_\_\_\_\_ Master of Science in Counseling: Clinical Mental Health Counseling

\_\_\_\_\_ Master of Science in Counseling: School Counseling

**I. BACKGROUND**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_  
(Please respond to the following on separate pages)

**II. WORK EXPERIENCE TO DATE** (indicate paid and volunteer) – give dates and description of responsibilities.

**III. RELEVANT TRAINING AND COUNSELING EXPERIENCE** (be as specific as possible).

RETURN COMPLETED APPLICATION TO:

**Program Admissions Committee  
Counseling Program  
School of Health Professions  
University of Louisiana at Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200**

Clinical Mental Health Counseling  
School Counseling  
APPLICANT PERSONAL STATEMENTS

The following questions are designed to give the Programs Admissions Committee some impressions of who you are and your reasons in pursuing admission to a counseling degree program. There are no right or wrong answers. Feel free to add any additional comments and/or information. *Your answers will be kept confidential and reviewed only by the Admissions Committee.*

- A. **PERSONAL RESPONSES.** Please answer in depth and type on separate sheet.
1. What five adjectives would you choose to best describe yourself? For each, give an incident from your life that illustrates that characteristic of you.
  2. Each person has people in his/her life who are important to him/her and whose feelings and opinions are valued. Those individuals are often referred to as a "reference group." Tell something about your reference group and indicate who they are and how they have affected you.
  3. What life experiences have led to your decision to enter the helping professions and to train to be a counselor/therapist?
  4. Why did you choose one of the counseling concentrations at The University of Louisiana at Monroe?
- B. **AUTOBIOGRAPHY.** In addition to responding to the above questions, please submit a short autobiography, including family history, three to five typed pages.

**RECOMMENDATION FORM**  
**COUNSELING PROGRAM**  
**SCHOOL OF HEALTH PROFESSIONS**  
University of Louisiana at Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200  
(318) 342-1246

Please Type or Print

Name of Applicant \_\_\_\_\_  
(Last or Family Name) (First) (Middle)

One recommendation must be submitted from the last school attended for full-time study unless the applicant has been out of school five years or longer.

\_\_\_\_\_ I do waive my right to inspect the contents of the following recommendation

\_\_\_\_\_ I do not waive my right to inspect the contents of the following recommendation

Signed: \_\_\_\_\_  
(applicant)

Recommender's Comments

How well and/or in what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

What is your estimate of the applicant's promise as a graduate student? Please discuss applicant's accomplishments, intellectual independence, and capacity for analytical thinking, ability to organize and express ideas clearly, motivation, potential for teaching/counseling and any previous writing experiences that would be relevant. (Attach additional paper, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

If applicant's native language is not English, please evaluate oral English proficiency \_\_\_\_\_

On the following scale, please rank applicant with other students in comparable fields (Check One).

Bottom Quarter: \_\_\_ Third Quarter: \_\_\_ Second Quarter: \_\_\_ Top 25%: \_\_\_  
Top 10%: \_\_\_ Top 5%: \_\_\_ Top 1-2%: \_\_\_

Admission to the Counseling Program is (Check One): Strongly Recommended: \_\_\_  
Recommended: \_\_\_ Recommended with reservations: \_\_\_ Not Recommended: \_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Address: \_\_\_\_\_

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**RECOMMENDATION FORM**  
**COUNSELING PROGRAM**  
**SCHOOL OF HEALTH PROFESSIONS**  
University of Louisiana at Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200  
(318) 342-1246

Please Type or Print

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(Last or Family Name) (First) (Middle)

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\_\_\_\_\_

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Bottom Quarter: \_\_\_ Third Quarter: \_\_\_ Second Quarter: \_\_\_ Top 25%: \_\_\_  
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Admission to the Counseling Program is (Check One): Strongly Recommended: \_\_\_  
Recommended: \_\_\_ Recommended with reservations: \_\_\_ Not Recommended: \_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Address: \_\_\_\_\_

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**RECOMMENDATION FORM**  
**COUNSELING PROGRAM**  
**SCHOOL OF HEALTH PROFESSIONS**  
University of Louisiana at Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200  
(318) 342-1246

Please Type or Print

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(Last or Family Name) (First) (Middle)

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(applicant)

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\_\_\_\_\_

\_\_\_\_\_

If applicant's native language is not English, please evaluate oral English proficiency \_\_\_\_\_

\_\_\_\_\_

On the following scale, please rank applicant with other students in comparable fields (Check One).

Bottom Quarter: \_\_\_ Third Quarter: \_\_\_ Second Quarter: \_\_\_ Top 25%: \_\_\_  
Top 10%: \_\_\_ Top 5%: \_\_\_ Top 1-2%: \_\_\_

Admission to the Counseling Program is (Check One): Strongly Recommended: \_\_\_  
Recommended: \_\_\_ Recommended with reservations: \_\_\_ Not Recommended: \_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

**Routing Instructions:**

**A. To the unit in which the assistantship is desired:**

1. Application for Graduate Assistantship
2. Three recommendation forms/letters

**B. To the Office of the Graduate School**

1. Application for admission to Graduate School
2. Official transcripts from all colleges attended
3. All relevant test scores

Revised October 2016