

# UNIVERSITY OF LOUISIANA MONROE

**School of Allied Health  
College of Health 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,

Thank you for your interest in the Counseling Program at the University of Louisiana Monroe. Below is the program application. You may complete and return these materials to Sharon Doaty, the Administrative Coordinator for the Department of Counseling, at doaty@ulm.edu. You may also submit your application by mail to the to the following address:

**Program Admissions  
Counseling Program  
School of Health Professions  
University of Louisiana  
Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200  
ATTN: Sharon Doaty**

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 contact the Department of Counseling office at 318-342-1246 or email at doaty@ulm.edu.

Thank you for your time and consideration as you consider the Counseling Program at the University of Louisiana Monroe.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas Foster', with a stylized flourish at the end.

Thomas Foster, Ph.D.  
Counseling Program Director

The University of Louisiana Monroe  
Counseling Program: Clinical Mental Health Counseling and  
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:*

- A minimum undergraduate grade point average of 3.0 overall;
- and a minimum combined score of 290 on the GRE General Test (Verbal plus Quantitative Scores)
- A minimum of 3 on the writing portion of the GRE

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

- A minimum undergraduate grade point average of 3.0 overall;
- and a minimum combined score of 290 on the GRE General Test (Verbal plus Quantitative Scores)
- A minimum of 3 on the writing portion of the GRE

**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 <https://www.ulm.edu/gradschool/programlist.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 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 Sharon Doaty at [doaty@ulm.edu](mailto:doaty@ulm.edu). You may also mail these documents to the following address:

**Program Admissions Committee  
Counseling Program  
School of Health Sciences  
University of Louisiana Monroe  
371 Strauss Hall  
Monroe, LA 71209-0200  
ATTN: Sharon Doaty**

- G. Pay the \$55 Application Fee (this is separate from the \$40 application fee to the graduate school). 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) be filled out by a minimum of three (3) individuals who know your relevant work and/or educational experience. Have these letters of recommendation be sent by the recommenders directly to Sharon Doaty at [doaty@ulm.edu](mailto:doaty@ulm.edu). Hint: Former Professors and/or bosses may be some of your best sources for letters of recommendation.

- Please note, letters of recommendation should come from people such as supervisors, work colleagues, and professors. We do not accept letters of recommendation from family, friends, therapists, and pastors.

- 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 (Advisor) 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 15 TO BE CONSIDERED FOR THE FALL TERM**

## III. PROCEDURES FOR SUCCESSFUL COMPLETION OF PROGRAM:

- A. Following acceptance to the counseling program, meet with your advisor.
- B. File formal degree plan with your advisor your first semester of the program (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!

## Application Checklist for the Graduate School

1. Application to the Graduate School
2. Transcripts from undergraduate / graduate degrees
3. Non-refundable fee of \$40
4. GRE scores

Application Checklist for  
Department of Counseling

1. Choose a Concentration

\_\_\_ Clinical Mental Health Counseling

\_\_\_ School Counseling

2. Application Fee

\_\_\_ Non-refundable fee of \$55 is paid. Contact ULM's La Capitol FCU at 318-342-5130 to pay the fee and keep the receipt number for your records.

3. Current Resume

4. Submit the application checklist, resume, letter of interest, and letters of recommendation to Sharon Doaty at [doaty@ulm.edu](mailto:doaty@ulm.edu) or by mail at the address below:

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

# Letter of Interest

The letter of interest is intended for the Counseling Faculty to get a sense of why you want to pursue a Master's of Science in Counseling.

In your letter of interest, please provide:

1. a short description of what led you to the counseling profession, and
2. what qualities you bring with you that will enhance your professional development as a Counselor.

Please practice appropriate self-disclosure as you write this letter of interest by not disclosing anything such as history of abuse or traumatic events that you endured.

**This letter of interest should be two pages and double-spaced.**



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

Please Type or Print Clearly

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: \_\_\_\_\_

Note to Recommender: You may provide additional information on the back of this form or in a separate letter. Please submit any additional information with this form.

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**SCHOOL OF HEALTH Sciences**  
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\_\_\_\_\_

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