

**The University of Louisiana at Monroe
Marriage and Family Therapy Doctoral Program**

General Admission Requirements:

Students admitted to the program will have successfully completed a master's degree from a COAMFTE-accredited marriage and family therapy program or an appropriate social science discipline such as counseling, psychology, sociology, psychiatry, pastoral counseling, or social work that provides coursework equivalent to COAMFTE standards.

Ideal applicants for admission to the Doctor of Philosophy degree program will meet the following criteria:

- Meet admission requirements for the University of Louisiana at Monroe Graduate School.
- Have a minimum cumulative graduate grade point average of at least 3.50.
- Complete the Graduate Record Examination (GRE) with a minimum converted score of 1000 (Verbal and Quantitative).
- Complete the admission portfolio and submit to Admissions Committee prior to the deadline for admission.
- Demonstrate evidence of both academic competency and clinical skills or the potential for clinical competency.
- Present evidence of relevant work experience.

Finalists in the application process will be required to have a personal interview with the MFT doctoral admissions committee, to which they will bring a written response to an article in the field of marriage and family therapy. The article, along with instructions regarding the assignment, will be sent along with the letter inviting the applicant to the interview.

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Procedure for Admission:

1. Request official university transcripts of all undergraduate and graduate work (one copy from each school attended) be sent directly to the Graduate School at this address:

University of Louisiana at Monroe
Graduate School Admissions
700 University Avenue
Monroe, LA 71209

2. Take and/or request official GRE scores to be sent directly to the Graduate School at the address listed above, or send electronically to code 6482.

3. Complete [Graduate School Application](#) (this is separate from MFT application).

4. Complete the attached forms and return to the address below:

MFT Doctoral Program Admission Committee
Marriage and Family Therapy Program
College of Health & Pharmaceutical Sciences
The University of Louisiana at Monroe
Strauss Hall #306
700 University Avenue
Monroe, LA 71209

5. Receive a letter of admission from the Director of Graduate School.

6. If invited, attend doctoral interviews when scheduled.

7. Receive by mail a letter of admission status from program director.

8. If you have been admitted:

a. Send in writing a letter of acceptance or denial to the MFT Doctoral Program Admissions Committee.

b. Receive by mail from MFT program a letter regarding necessary coursework for the fall semester and a class schedule with information on how to register online.

c. Register for classes online at <https://banner.ulm.edu>.

d. PLEASE NOTE: If your address and/or telephone number changes, please contact the MFT administrative assistant (318-342-1246) and update your information.

The University of Louisiana at Monroe
Marriage and Family Therapy Doctoral Program

Applicant's Name: _____

Address: _____

Date of Birth: ____/____/____

Telephone: (Home)_____ (Other)_____

Email:_____ Marital Status: ___Married ___Single

Spouse/Emergency Contact/Next of Kin:

Name:_____

Relationship:_____ Contact Number:_____

Undergraduate Degree: _____ University: _____

Graduate Degree: _____ University: _____

GRE Score: _____ (Combined Verbal & Quantitative) Undergraduate GPA: _____

Verbal: _____ Quantitative: _____ Graduate GPA: _____

Please respond to the following on **separate pages**.

- I. Relevant Training and Clinical Internship:** Provide a detailed description of relevant training and clinical internship. Applicants chosen to attend interviews will be asked to provide a video presentation of their clinical work.
- II. Relevant Work Experience to Date:** Provide a current resume that indicates dates and descriptions of relevant work responsibilities.
- III. References:** Please supply the names and addresses of three people who are familiar with your character, clinical skills and ability to perform academically on the doctoral level. These should, when possible, include former and/or current professors, clinical supervisors and/or administrators familiar with your training and subsequent practice.
- IV. Letters of Recommendation:** Submit three letters of recommendation from professional colleagues who are familiar with your character, clinical skills, and ability to perform academically on the doctoral level. Where

possible these should include former professors, clinical supervisors, and/or administrators familiar with your training and subsequent practice.

- V. **Life Experience:** Submit a 3 page essay (double spaced) answering the following question: “What life experience has led to your decision to pursue a Ph.D. in Marriage and Family Therapy?”
Maybe submitted electronically to sutton@ulm.edu

- VI. **Writing Sample:** Please provide a research paper as it was submitted in one of your graduate courses.
Maybe submitted electronically to sutton@ulm.edu

- VI. To enable us to get to know you better please provide other useful information which you are comfortable sharing with us.

UNIVERSITY OF LOUISIANA AT MONROE

Office of the Graduate School

APPLICATION FOR GRADUATE ASSISTANTSHIP

(The University of Louisiana at Monroe is an equal opportunity employer)

This form is to accompany the prospective graduate assistant's three letters of recommendation and should be sent to the academic unit in which the assistantship is desired. A separate application for admission to the Graduate School must be submitted by the student to the Graduate School Admissions Office.

APPLICANT INFORMATION

Full Name: _____ CWID: _____

Current Address: _____ Telephone Number: (____) _____ - _____
(Street)

(City, State) (Zip)

Permanent Address: _____ Telephone Number: (____) _____ - _____
(Street)

(City, State) (Zip)

Are you a U.S. Citizen?: Yes No If no, what country?: _____ Visa Type: _____

ASSISTANTSHIP INFORMATION

Unit in Which Assistantship is Desired: _____

Semester and Year Available: Fall 20 ____ Spring 20 ____ Type of Assistantship Preferred: Teaching Research

Please note any abilities that should be considered: _____

ACADEMIC INFORMATION

GRE/GMAT Scores: Verbal _____ Quantitative _____ Total _____ TOEFL: _____

Undergraduate GPA: _____ Graduate GPA: _____ Formula Score: _____

Graduate Major: _____ Admission Status: Regular Conditional

Institutions Attended	Dates Attended	Major	Degree/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION

Scholastic Honors, Organizational Membership, College Activities, Special Interests:

Employment Record (List sequentially, most recent first)

Employer	Employer's Address	Position	Dates Employed
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Recommendations (Ask three persons under whose direction you've studied/worked to send a recommendation to the academic unit in which you wish to receive an assistantship)

Name	Address	Position
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please provide a statement of your academic and career goals: _____

Signature of Applicant

Date

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

UNIVERSITY OF LOUISIANA AT MONROE
Office of the Graduate School

GRADUATE ASSISTANTSHIP RECOMMENDATION FORM

PRINT or TYPE. This form should be given to a person under whose direction you have studied or worked and who is able to comment on your qualifications to hold a graduate assistantships. The prospective student must complete the applicant information. Please read all instructions and sign statement before providing sponsors with this evaluation.

APPLICANT INFORMATION

Full Name: _____

Current Address: _____ **Telephone Number:** (____) _____ - _____
(Street)
 _____ (City, State) _____ (Zip)

Unit in Which Assistantship is Desired: _____

Semester and Year Available: Fall 20 ____ Spring 20 ____ **Type of Assistantship Preferred:** Teaching Research

Please give one of these forms to each of the sponsors you select - a minimum of three is required. For the convenience of your sponsors, please include a stamped envelope addressed to the unit in which you hope to hold the assistantship. Some instructors or employers, in preparing evaluations of the students whom they know, prefer to preserve the confidentiality of any statements they make. In order to elicit the most candid evaluations possible, we offer you the opportunity of signing a waiver below. A decision not to sign will not prejudice your chances for an assistantship.

I, the undersigned, herewith (____) Do waive (____) Do not waive all rights at any time to examine, review, or read this rating sheet or copies thereof, which are written for, or contained in, the Graduate File at the University of Louisiana at Monroe.

 Signature of Applicant Date

SPONSOR INFORMATION

As required by U.S. Public Law 98-380 as amended by PL 93-568 (Buckley Amendment), a student may elect to waive or not to waive the right of viewing this rating sheet. If the applicant does not waive the right to view it, you should consider the sheet non-confidential and, of course, are at liberty to return the form uncompleted. Your attention is directed to the applicant's signature and statement of intention above.

Full Name: _____

Current Address: _____ **Telephone Number:** (____) _____ - _____
(Street)
 _____ (City, State) _____ (Zip)

Relationship to Applicant and Affiliation: _____

Rate applicant compared to academic level	Lower Third	Middle Third	Upper Third	Upper 10%	Upper 5%	Not able to Judge
General Mental Ability						
Competence in Chosen Field						
Motivation plus Diligence						
Potential as Research Scholar						
Potential as Teacher						

Please indicate why you are recommending the applicant. If needed, please append a second sheet.

 Signature of Sponsor Date