

Midwestern State University West College of Education Counseling, Kinesiology, and Special Education Application to the Graduate Counseling Program		
First Name	Middle/Maiden	Last Name
Cell/Home Phone	Work Phone	Email
Home Address	City/State	Zip Code
Applying To:	_____ General Counseling	_____ School Counseling
Colleges Attended	Degrees Earned /Major	Date Graduated/GPA
Please place an "X" by the courses you have taken as an undergraduate or graduate student. <input type="checkbox"/> Human Development <input type="checkbox"/> Introduction to Counseling <input type="checkbox"/> Theories of Counseling <input type="checkbox"/> Educational Psychology <input type="checkbox"/> Research		

**To help us better evaluate your potential for graduate work, please type answers to the following questions and attach to this document. This should be less than 500 words**

1. What is your employment history (You may attach A Curriculum Vita or Resume).
2. What research have you conducted or what are your research interests?
3. List professional memberships
4. List awards received
5. List community activities
6. What strengths will you bring to the Counseling Department?
7. What are your career and educational goals?
8. What priority have you placed on obtaining your degree and what appropriate arrangements have you made to ensure your achievement of the goal of getting this degree
9. What is your motivation for becoming a counselor

By signing this document you attest that all the information given is accurate and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Midwestern State University**  
**West College of Education**  
**Department of Counseling, Kinesiology, and Special Education**  
**Counseling Program Admissions Recommendation Form**

Instructions: Applicant should complete the information in Section A. The professional who is completing the recommendation form should complete the remainder of the form (Section B) and attach additional pages, if necessary, to give any information relevant to the applicant's appropriateness as a graduate student in counseling. After completion, the forms can either be placed into a sealed envelope with the person completing the recommendation signing the flap of the envelope and returning the envelope to the student, or the forms may be emailed to [graduateschool@msutexas.edu](mailto:graduateschool@msutexas.edu). **PLEASE NOTE: Applicants must submit three letters of reference along with their application to the Counseling Program.**

All completed recommendations should be submitted with the application by the designated deadline.

**SECTION A: To be completed by the applicant**

1. APPLICANT: \_\_\_\_\_
2. ADDRESS \_\_\_\_\_
3. APPLYING TO: General Track \_\_\_\_\_ School Counseling \_\_\_\_\_
4. DEADLINE FOR SUBMITTING APPLICATION : \_\_\_\_\_, 20\_\_\_\_\_
5. APPLICANT: Please check the option of your choice and sign and date this form before submitting to your reference.

\_\_\_\_\_ I wish to have access to this letter of recommendation; it will not be confidential and will be incorporated into my file for the purpose of seeking admission to MSU.

\_\_\_\_\_ I waive my rights of access to this letter of recommendation and request that it be Incorporated into my file for the purpose of seeking admission to MSU

**Applicant's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**SECTION B: To be completed by professional making the recommendation**

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

Place of Employment: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

What is your relationship to the applicant: \_\_\_\_\_

How well do you know this applicant: 1 (very well) 2 (somewhat) 3 (slightly)

Please rate the applicant's behavior on each of the following dimensions compared to individuals at a similar level of education and experience. Circle the appropriate rating.

	Excellent	Good	Average	Poor	Very Poor	N/O*
a. Ethical Behavior	5	4	3	2	1	N
b. Emotional Maturity	5	4	3	2	1	N
c. Personal Stability	5	4	3	2	1	N
d. Ability for Scholarly Work	5	4	3	2	1	N
e. Writing	5	4	3	2	1	N
f. Verbal Skills	5	4	3	2	1	N
g. Initiative	5	4	3	2	1	N
h. Perseverance	5	4	3	2	1	N

\*N/O = No opportunity to observe

Describe the basis for any low ratings (Attach extra sheet, if necessary)

What is your opinion of the applicant's ability to success in graduate school and perform as a counselor upon graduation? Include specific, concrete examples of the applicant's strengths and weaknesses, including any reservations you may have about the applicant's ability to perform in graduate school.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_