



**SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF BEHAVIORAL SCIENCES**

Dear Future Graduate Student,

Welcome to the Clinical Mental Health Counseling Master's Degree Program at Southeastern Oklahoma State University (SE)!

Your first step in beginning your graduate studies is to complete an application to the School of Graduate and University Studies at SE. You may contact the School of Graduate and University Studies at (580) 745-2200. You may apply in person in the Office of Academic Affairs (Administration Building, Room 307). Alternatively, you may apply for admission to the Graduate School at the following URL:

<http://homepages.se.edu/gus/graduate-programs/admission-requirements/>

Once you have been granted admission to the School of Graduate and University Studies you may begin your application to the Clinical Mental Health Counseling Master's Degree Program. As the Clinical Mental Health Counseling Program Coordinator, I will be responsible for receiving your application materials. Please be sure to submit all of your materials directly to me using the following contact information: Mailing address: Dr. Jon K. Reid Clinical Mental Health Counseling Program Coordinator, Department of Behavioral Sciences, Southeastern Oklahoma State University, 425 W. University Blvd Durant, OK 74701-3347; Office Location, Russell (John Massey School of Business) Room 302; Telephone: (580) 745-2390; Fax: (580)745-7421; or e-mail,jreid@se.edu

The following materials are required to complete your application packet:

- 1.) Verification of Admission to the SE School of Graduate and University Studies.
- 2.) Official Copies of All Undergraduate and Graduate Transcripts.
- 3.) Completed Application Checklist
- 4.) Application for Admission to the Clinical Mental Health Counseling Program (form included in this packet).
- 5.) Statement of Personal/Professional Goals (guidelines included in this packet).
- 6.) Consent to Release Information and Records Form
- 7.) Three Letters of Recommendation (from both academic and professional sources; see guidelines in this packet).

You are invited to learn more about the Clinical Mental Health Counseling Master's Degree Program at the following URL: <http://homepages.se.edu/cmhc>.

Thank you for your interest in our program. As the Clinical Mental Health Counseling Program Coordinator, I am available to answer any questions you may have about the program. Please contact me at (580) 745-2390 or via email at jreid@se.edu.

I look forward to hearing from you!

Jon K. Reid, Ph.D., NCC, Professor Clinical Mental
Health Counseling Program Coordinator



Southeastern Oklahoma State University, in compliance with Title VI and VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age,

religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

**SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
CLINICAL MENTAL HEALTH COUNSELING MASTER'S DEGREE PROGRAM
APPLICATION CHECKLIST**

Student Name: _____

Date completed application packet submitted (aside from official GRE scores): _____

Please verify that the following documents are included in your completed application packet:

- A photocopy of your letter of admission to the Southeastern Oklahoma State University School of Graduate and University Studies
- Official copies of all undergraduate and graduate transcripts (including verification of an earned baccalaureate degree from a regionally-accredited college or university)
- A completed copy of this Application Checklist
- A completed and signed copy of the Application for Admission to the Clinical Mental Health Counseling Master's Degree Program (application form included in this packet; signature must be witnessed by a university official or notary public)
- A comprehensive, typed Statement of Personal and Professional Goals (see guidelines in this packet)
- A completed Consent to Release Information and Records form (signature must be witnessed by a university official or notary public).
- Three letters of recommendation (from academic and professional sources; must be completed on the forms included in this packet)

**SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
APPLICATION FOR ADMISSION TO THE
CLINICAL MENTAL HEALTH COUNSELING MASTER'S DEGREE PROGRAM**

Please Note: Please type or print your responses on this form legibly. Please do not leave any items blank to avoid any delays in the processing of your application.

Date this form was completed: _____

Name: _____

Address: _____

Telephone Number: _____

Alternate Telephone Number: _____

Emergency Contact Information:

Name of Contact: _____

Relationship: _____

Telephone Number(s): _____

Preferred Email Address: _____

SE Student Email Address: _____

Southeastern Student Identification Number: _____

Baccalaureate Degree Information (Please note that an official copy of all undergraduate transcript(s) is required as part of this application; Although an earned baccalaureate degree from a regionally-accredited college or university is required, there are no required prerequisite undergraduate degree majors or courses):

Baccalaureate degree designation (e.g., B.A., B.S., B.G.S., etc.): _____

Baccalaureate degree major: _____

Baccalaureate degree Minor or Second major: _____

University from which degree was conferred: _____

City, State, and Country: _____

Cumulative undergraduate Grade Point Average (GPA): _____

Graduate Degree Information (If applicable; Please note that an official copy of all graduate transcript(s) is required as part of this application):

Graduate degree designation (e.g., M.A., M.S., M.Ed., MBA, etc.): _____

Graduate degree focus area: _____

University from which degree was conferred: _____

City, State, and Country: _____

Cumulative graduate Grade Point Average (GPA): _____

Please check the appropriate box next to each of the following questions (if any boxes are checked “yes,” please explain on a separate document):

Yes	No	Matters of Personal/Professional Misconduct
<input type="checkbox"/>	<input type="checkbox"/>	I have previously been sanctioned for a postsecondary academic violation of cheating, plagiarism, or other breach of student academic conduct at any college or university.
<input type="checkbox"/>	<input type="checkbox"/>	I have been convicted in Oklahoma or any other state or jurisdiction of a crime against a child, adolescent, minor, person of diminished mental capacity, or an elderly individual.
<input type="checkbox"/>	<input type="checkbox"/>	I have been convicted in Oklahoma or any other state or jurisdiction of a felony or misdemeanor crime pertaining to domestic violence or stalking.
<input type="checkbox"/>	<input type="checkbox"/>	I have in the past or am currently bound by a temporary or permanent protective order, restraining order, or other similar contact restriction in Oklahoma or any other state or jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	I have been convicted of a crime in Oklahoma or any other state or jurisdiction requiring that I be listed on any state and/or national Sex Offender Registry.
<input type="checkbox"/>	<input type="checkbox"/>	I have been convicted, received a deferred sentence, received a deferred prosecution, or pleaded no contest or <i>nolo contendere</i> for a misdemeanor or felony crime, in Oklahoma or any other state or jurisdiction, other than a minor traffic offense.
<input type="checkbox"/>	<input type="checkbox"/>	I have received a suspended sentence, been placed on probation, or been paroled, in Oklahoma or any other state or jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	I currently have felony or misdemeanor charges pending against me in Oklahoma or any other state or jurisdiction.

If you checked “yes” for any of the boxes above, please provide full details on a separate document (please note that marking “yes” on any of the above boxes does not automatically disqualify applicants from admission to the Clinical Mental Health Counseling Master’s Degree Program).

PLEASE READ CAREFULLY

I agree to report to the Graduate Counseling Coordinating Committee, within thirty (30) days of my knowledge, the following matters related to me *at any point during my tenure as a graduate student* in the Clinical Mental Health Counseling Master’s Degree Program: (a) Any formal charge, complaint or conviction related to a criminal or quasi-criminal act, civil action, or civil litigation; (b) Any other charge or complaint by a regulatory body (e.g., licensure or certification board, pertaining to any profession) or professional organization (e.g., the American Counseling Association), including any corrective action(s) issued; (c) The placement of court-ordered temporary or permanent protective order, restraining order, or other similar contact restriction against me; (d) Any listing on a state or federal Sexual Offender Registry; or, (e) Any sanction for a postsecondary academic violation of cheating, plagiarism, or other breach of student conduct at SE or any other college or university.

By signing below, I hereby verify that all information provided on this application form and in this application packet is accurate and truthful. Further, I authorize Southeastern Oklahoma State University to verify any information included in this application packet or contact any of my listed references or other pertinent parties to obtain further information necessary to thoroughly review all contents of my application packet. I understand that knowingly supplying false information on this application form, or withholding or failing to report post-application information or behaviors outlined in the preceding paragraph may result in the voiding of this application, dismissal from the Clinical Mental Health Counseling Master’s Degree Program, or dismissal from Southeastern Oklahoma State University.

Applicant Signature

Date

Witness Signature

Date

Please wait to sign this form. An applicant’s signature on this form must be witnessed by an appropriate SE university official (i.e., faculty member, administrative assistant, or a university administrator) or a notary public.

Statement of Personal and Professional Goals
Clinical Mental Health Counseling Master's Degree Program
Southeastern Oklahoma State University

In a separate document, please provide a typed statement which comprehensively addresses the following four content areas. Please note that this document should be carefully prepared and must be written with proper grammar, spelling, and research. While there is no minimum length of this important application item, typical statements are 3-5 pages in length (double-spaced): Please identify each of the four sections with a heading.

- 1.) Provide an overview of your understanding of the role of the Clinical Mental Health Counselor (in your own words).
- 2.) Identify your career goals and objectives and their relevance to the professional practice of Clinical Mental Health Counseling.
- 3.) Identify and discuss your understanding of matters of client culture and diversity as they relate to your desired future work as a Clinical Mental Health Counselor.
- 4.) A large portion of your development as a Clinical Mental Health Counselor in training involves a willingness to look inward as you seek to help others through Clinical Mental Health counseling. Discuss your openness to personal and professional self-examination and positive and constructive feedback.

CONSENT TO RELEASE INFORMATION AND RECORDS

I, _____, freely and voluntarily authorize and give my permission for access and/or release of any and all information and/or records of mine within the knowledge and/or possession of Southeastern Oklahoma State University (“SE”), whether created by SE or not, which were created as a result of my application to and attendance at SE, including but not limited to scholastic records, correspondence, reports, memoranda, or other documents. Said permission is granted in connection with my application(s) for admission to educational institution (including verification of materials supplied in conjunction with my application to SE or any of its degree programs), for employment and/or for obtaining professional licenses, certifications, or registrations. Additionally, I authorize SE, its faculty, and staff to answer any questions submitted to SE, its faculty and staff in connection with said applications, whether submitted through written and/or verbal means, including but not limited to telephone and/or electronic communications.

I, furthermore, release SE, its faculty, and staff from any and all liability in connection with their release of said information. I agree that a photocopy or electronic copy of this release will be given the same effect as the original. Furthermore, this release shall remain in effect for the entire time I am a student at SE, and for five (5) years following my graduation or termination of graduate studies at SE unless I request its termination in writing.

Student/Former Student:

Witness of University Official or Notary:

Signature of Student/Former Student

Signature of University Official/Notary

Printed Name of Student/Former Student

Printed Name of University Official/Notary

Date

Title/Position of University Official/Notary

Please wait to sign this form. An applicant’s signature on this form must be witnessed by an appropriate SE university official (i.e., faculty member, administrative assistant, or university administrator) or a notary public.

Southeastern Oklahoma State University
Graduate Counseling Coordinating Committee
Master of Arts Degree in Clinical Mental Health Counseling
Department of Behavioral Sciences
425 W. University Blvd.
Behavioral Sciences Department
Graduate Program
Durant, Oklahoma 74701-3347
LETTER OF RECOMMENDATION

Note: The Family Education Rights and Privacy Act of 1974 provides a student access to his/her educational record. The student retains the right to waive access to specific documents in his/her record as follows (please INITIAL next to the statement below to which you agree):

_____ I do waive my rights to access this document and any supplementary letters or comments in conjunction with my application in addition to any appeals or litigation associated with any decisions rendered regarding my application to or standing in the Clinical Mental Health Counseling Master's Degree Program pertaining to this letter of recommendation and any supplemental letters or comments herewith submitted by the recommender.

_____ I do not waive my rights to access this document and any supplementary letters or comments in conjunction with my application in addition to any appeals or litigation associated with any decisions rendered regarding my application to or standing in the Clinical Mental Health Counseling Master's Degree Program pertaining to this letter of recommendation and any supplemental letters or comments herewith submitted by the recommender.

Signature of Applicant _____

Applicant _____
(Please Print) Last Name First Middle Student ID #

This Letter of Recommendation shall be prepared by an individual* who is familiar with my professional potential at the:

- _____ Academic level (may not be completed by a member of the Graduate Counseling Coordinating Committee)
_____ Professional level (e.g., former employer, supervisor, etc.)

=====
=====
* **Applicants must have at least one letter from each category. References may not be completed by individuals who are related to the applicant by blood, law, marriage, committed relationship, or other personal friendship or relationship.**

1. How long have you known the applicant? _____
2. In what capacity? Instructor Supervisor Other (specify)

3. How well do you know the applicant? Very Well Fairly Well Not Very Well Do Not Know

4. Indicate your impression of the applicant on the characteristics below as compared to other applicants you have known.

	Excellent	Good	Average	Poor	No Observation
Emotional maturity (e.g., performance under pressure, mood stability, proper self-care skills and practices)					
Self-awareness (e.g., knows own strengths and weaknesses)					
Potential success in forming effective and culturally relevant interpersonal relationships with others in individual contexts					
Potential success in forming effective and culturally relevant interpersonal relationships with others in group contexts					
Reliability (e.g., dependability, conscientiousness, etc.)					
Integrity, trustworthiness, ethical knowledge/accountability					
Judgment (e.g., common sense, social skills, etc.)					

Personal appearance (e.g., appropriate dress, grooming, etc.)					
Oral communication skills					
Written communication skills					
Clearly defined career goals					
Overall potential as a Clinical Mental Health Counselor					

5. Additional Comments: Please provide a description of the applicant's strengths and weaknesses. The most important information you can provide about this applicant is information that is not reflected in the applicant's transcript and test scores. Attach a separate letter or additional page if necessary.

6. Does this applicant have any psychological or social characteristics or habits which are undesirable in a professional counselor or which may interfere with his or her ability to succeed in a graduate program in Clinical Mental Health Counseling? If so, please explain.

7. Recommendation:

I believe this person's grades _____ do or _____ do not reflect his or her ability level.

If you have or were to have a master's program in this student's area of application, how would you view this person's application to your program?

_____ Admit _____ Admit **with** Some Hesitation _____ Admit **with** Strong Hesitation _____ Do Not Admit

Signature and Credentials: _____

Organizational Affiliation: _____

Title: _____ Date _____

Name (please print or type) _____

Address _____

Telephone Number: _____

Email Address (please print clearly): _____

Your time in completing this form is greatly appreciated. Please return this completed form in a sealed envelope with the recommender's signature over the seal to the address listed on the top of the previous page.

Southeastern Oklahoma State University
Graduate Counseling Coordinating Committee
Master of Arts Degree in Clinical Mental Health Counseling
Department of Behavioral Sciences
425 W. University Blvd
Behavioral Sciences Department
Graduate Program
Durant, Oklahoma 74701-3347
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Signature of Applicant _____

Applicant _____
(Please Print) Last Name First Middle Student ID #

This Letter of Recommendation shall be prepared by an individual* who is familiar with my professional potential at the:

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 Graduate Counseling Coordinating Committee
 Master of Arts Degree in Clinical Mental Health Counseling
 Department of Behavioral Sciences
 425 W. University Blvd
 Behavioral Sciences Department
 Graduate Program
 Durant, Oklahoma 74701-3347
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