



Dear Applicant:

We welcome your interest in our Master's Degree in Counseling, and please be assured that we read carefully all applications. We are interested in knowing who you are from your unique perspective. As noted in our program's catalog description, our training expects personal disclosure and the ability to articulate one's psychological experience relative to the training goals of either the Community Counseling/MFT Program or the School Counseling Program. As a consequence, our application process also requires a degree of personal disclosure, including a 5-page autobiography. All disclosures, written and verbal are held in strict confidence.

Thank you,
Counseling Department Faculty



1801 East Cotati Avenue

SONOMA STATE UNIVERSITY Rohnert Park, CA. 949428

MASTER'S IN COUNSELING - FALL 2010

APPLICATION INSTRUCTIONS

PLEASE READ CAREFULLY

APPLICATION DEADLINE – All materials must be received by January 29, 2010

Sonoma State University Application:

In addition to the department application process outlined below, YOU MUST ALSO SUBMIT A CSU GRADUATE APPLICATION TO THE UNIVERSITY through the Office of Admissions (if you are NOT currently enrolled at SSU as a graduate student). If you are enrolled as an undergraduate but will be graduating in December, May, or August, you must reapply to the University for Fall 2010. Obtain an application by applying online to <http://www.sonoma.edu/>.

Counseling Department Application:

Submit the **Initial Application Form** to the Counseling Department with a \$25.00 fee. (Make checks payable to SSU, **no cash, please.**) Please submit **as soon as possible**, so that we can create a file for you.

Please submit the following materials as a **complete** package to the Counseling Department.

1. Information Sheet
2. Education and experience
3. Personal data and autobiography
4. Three letters of recommendation (Please make copies from the application packet).
5. Official transcripts. **

****Official Transcripts:** You need to request transcripts from each institution where you obtained or completed **relevant** course work. We need **one** official sealed transcript. Please check with Admissions and Records regarding their transcript requirement. Transcripts must be sealed. Unofficial transcripts will not be accepted. The Counseling Department **does not** submit transcripts to A&R. **There are two separate applications: The Counseling Department & the University Application.**

It is not possible for the Department to obtain copies of any transcripts already on file in the SSU Admissions Office. Please begin requesting your transcripts **EARLY** as the process may take up to several weeks. Have a set of SSU transcripts sent to the Counseling Department (Nichols Hall 220) if you have taken classes at SSU.

Note: GRE scores are not required for this program.

Reapplication: If you applied last year and wish to reapply, submit the **Initial Application Form**, \$25 and it is expected that you update your file and provide the admission committee with a cover letter detailing personal and professional growth since your last application.

Please retain this sheet to have a record of the requirements and deadline dates

LATE APPLICATIONS WILL NOT BE ACCEPTED
All Application Materials Become the Property of the Counseling Department

SONOMA STATE UNIVERSITY

INITIAL APPLICATION FORM MASTER'S IN COUNSELING FALL 2010

Submit this form with \$25 fee as soon as possible
Make checks payable to SSU – **No cash, please**

Name: _____ Date: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

email address: _____

Any other names that may appear on your records:

I applied in 2009 and would like to reapply for 2010 _____

Educational Background:

Please list below all colleges and universities attended where you obtained a degree or earned relevant credits.

Name of Institution	Year(s) Attended	Degree Earned	Year Awarded

Objectives:

Which option in our program are you applying for? (**One only**)

Community Counseling: Marriage & Family Therapy (for MFT license) _____

School Counseling: Pupil Personnel Services (for PPS Credential) _____

School Counseling: PPS Credential, only (already have a masters in counseling) _____

Mail to: Sonoma State University
Department of Counseling
1801 East Cotati Avenue
Nichols Hall Room 220
Rohnert Park, CA 94928

SONOMA STATE UNIVERSITY

INFORMATION SHEET MASTER'S IN COUNSELING FALL 2010

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Work e-mail

Applying for (circle one): Full-time (15units/semester) Part-time (less than 15 units)

PROFESSIONAL OBJECTIVES:

Please check one of the boxes below pertaining to your objectives:

- Community Counseling (CC): leading to licensure as a Marriage & Family Therapist (MFT)
- School Counseling: leading to the Pupil Personnel Services Credential (PPS)
- Pupil Personnel Service Credential ONLY (already have a masters in a "*related*" field)

Please indicate if you have taken the following prerequisite courses:

Personality Theory _____
(both CC/MFT & School Coun/PPS) Course # School Year

Statistics _____
(both CC/MFT & School Coun/PPS) Course # School Year

Abnormal Behavior _____
(CC/MFT Only) Course # School Year

Child Development _____
(School Coun/PPS Only) Course # School Year

CBEST Completion _____
(School Coun/PPS Only)

(Child Development is NOT required if you have a Valid Teaching Credential)

SONOMA STATE UNIVERSITY
Master's in Counseling Application

Education and Experience

Post High School Education: (List your most recent education experience first)

<u>Year(s)</u>	<u>Degree</u>	<u>Major/Minor</u>	<u>GPA</u>	<u>Institution</u>	<u>Location</u>

Counseling and Related Experience: (List your most recent experience first)

<u>Date(s)</u>	<u>Volunteer</u>	<u>Type of Work</u>	<u>Paid</u>	<u>Firm or Institution</u>	<u>Supervisor</u>

Other Experience: (List your most recent experience first)

<u>Date(s)</u>	<u>Volunteer</u>	<u>Type of Work</u>	<u>Paid</u>	<u>Firm or Institution</u>	<u>Supervisor</u>

SONOMA STATE UNIVERSITY

Master's in Counseling Application

Counseling Career Perspective & Goals:

Your typed responses to the following questions should not exceed 3 inches per question (point size no smaller than 12, single-spaced)

1. On the basis of your past experiences in working with people, describe the personal characteristics and experiences that have made you effective in helping or working with people.
2. On the basis of your past experiences in working with people, describe the personal characteristics and experiences that you feel you need to develop or improve in order to become more effective in helping or working with people.
3. What has led you to seek a career in Counseling?
4. What are your professional goals after you receive training in the Counseling program?

Autobiography:

Length: Must be a minimum of five double-spaced typewritten pages, not to exceed six pages.

Quality: This document will also be used to assess your writing proficiency, and thus both content and format should be carefully written. This is very important.

Content: We are interested in learning more about you as an individual. We would like you to tell us something about your outlook on life, your attitudes toward your early years—your family, your friends, your schooling, and your ambitions—and how your attitudes and values have changed or become stabilized over the years.

Essence: We would like you to tell us what kind of person you feel you are, how you got that way, and what kind of person you are becoming. What are the important things we should know about you?

Confidentiality: This autobiography, as well as any other application materials submitted, are strictly confidential and will only be read by Counseling Department Faculty as part of the selection process.

All Application Materials Become The Property of the Counseling Department

SONOMA STATE UNIVERSITY
Master's in Counseling

LETTER OF RECOMMENDATION
FOR ADMISSION TO MASTER'S IN COUNSELING PROGRAM
FALL 2010

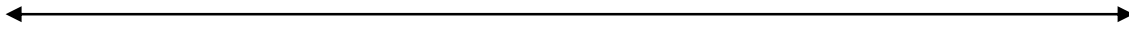
Please print legibly or type. If you do not use this form, please address all questions.

Applicant Name: _____ Date: _____

Please Return This Form Directly To The Applicant

Your carefully considered evaluation of this applicant will greatly aid in the selection of those best qualified for admission. Community Counseling (MFT) graduates of our program provide marriage, family and child counseling services to youth and adults in community agencies. School Counseling (PPS) graduates of our program provide school counseling services in K-12 schools. Since there is a **January 29** deadline for completion of application materials, please return this form/recommendation letter in a timely manner to the applicant. By returning this form to the applicant it allows the applicant to turn it in along with all the application material at one time.

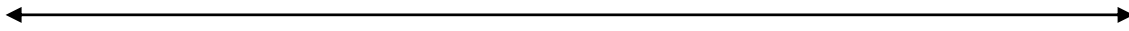
State regulations require that all files, including Letters of Recommendations, be available to students. Please note here if you approve of copies of this letter being released to the applicant for other purposes (grants, jobs, etc.) ____ YES ____ NO



In what capacity do you know the applicant? _____

How long have you known the applicant? _____

How well do you feel that you know the applicant? _____



Please Write Legibly

Name: _____ Position _____

Business or Institution: _____

Address: _____

Work Phone: _____ E-Mail: _____

Signature: _____

