Master of Science in Counseling and Certificate and Audit for Graduate Counseling Programs

Graduate Studies Application for Admission

CARSON-NEWMAN UNIVERSITY operates within a semester calendar. The fall term begins in late August; the spring term begins in early January. Summer term for the advanced degree programs consists of terms of varied length which run concurrently during June and July.

Required Application Materials

Admission will not be considered until all application requirements have been fulfilled.

APPLICATION AND APPLICATION FEE Submit your application along with a $50 application fee.

OFFICIAL TRANSCRIPTS must be submitted directly from the Registrar of all previously attended colleges or universities to the Center for Adult and Professional Studies. The transcript must include the university seal and the highest degree attained.

THREE RECOMMENDATION FORMS must be completed by persons who are appropriate to judge academic, employment, and character qualifications of the applicant. Respondents may not be relatives. A recommendation form is attached and may be reproduced or the reference may submit their referral online at: www.cn.edu/caps

A WRITTEN STATEMENT OF PURPOSE (Vocational Goals) is required for applicants. This may be uploaded at the time of application or mailed/emailed/faxed separately.

A MINIMUM GRE SCORE (Verbal + Quantitative) of 900 or above for verbal and quantitative components from within the past five years (Not required for non-degree seeking students). For School Counseling, a passing score on the appropriate Praxis II taken within the last 5 years may be accepted

AN ENTRANCE INTERVIEW conducted by the graduate faculty must be completed. Arrangement for the interview should be made prior to admission to the program by contacting the graduate admissions office.

BACKGROUND CHECK is required for those applying to School Counseling. Contact caps@cn.edu for more information.

General Instructions

The application form may be completed online, typed, or printed and completed in black ink, and submitted the applications and official transcripts and other application materials to:

Admissions for Graduate Counseling Programs
The Center for Adult and Professional Studies
Carson-Newman University
C-N Box 71985
Jefferson City, TN 37760

PHONE (865) 471-3224 | Toll Free 1-855-481-6926 | FAX (865) 471-2013
EMAIL caps@cn.edu

IT IS THE APPLICANT’S RESPONSIBILITY to assure that all required documents are on file for the admission which is sought. Please contact the Graduate Admissions office if you have any questions about the application process.
APPLICANT INFORMATION

Legal Name ____________________________
Last First Middle Other

Address ____________________________________________ □ M □ F

City/State/Zip _______________________________________

Telephone: Home ____________________________ Cell ____________________________
Business ____________________________ E-mail ____________________________

SSN: ____________________________ Optimal time and type of contact__________________________
(Optional - For Financial Aid Purposes Only)

PROGRAM OF CHOICE:

_______ MSC (Master of Science in Counseling) Mental/Behavioral Health Track
_______ MSC (Master of Science in Counseling) School Counseling Track
_______ MSC (Master of Science in Counseling) Spiritual Guidance and Care Track
_______ Certificate Spiritual Guidance and Care
_______ Auditing Student Spiritual Guidance and Care

I am applying for (circle one) FALL SPRING SUMMER YEAR ____________

LICENSURE INFORMATION

Do you have a Teaching License? No Yes
Certificate number(s) and state(s) of licensure ____________________________
Licensure areas ____________________________

Years of teaching experience ____________________________

Are you currently working in the field of education? No Yes
If yes, name the educational institution and location. ______________________________________________________

Have you ever been convicted of a criminal offense of any nature? Yes ___ No ___
If yes, explain:

Have you ever attended C-N? Yes ___ No ___ If so, what year(s) ____________________________

Do you have a family member who is an alumnus of C-N? Yes ___ No ___ Relationship ____________________________

How did you learn about the counseling programs at C-N? ____________________________

EDUCATIONAL DATA
List all colleges and/or universities attended:

<table>
<thead>
<tr>
<th>Institution(s)</th>
<th>Dates (to/from)</th>
<th>Degree(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Undergraduate major(s) ____________________________

INTERNATIONAL STUDENTS: TOEFL Scores: ___________ IELTS Scores: ___________ PTE Score: ___________

Date(s) taken: __________________________________________________________________________

REFERENCES

Each reference listed should be given a recommendation form by the applicant (Reference Forms are included in this packet).

(1) Academic Reference

Name _____________________________________________

Position __________________________________________

Address __________________________________________

Phone ____________________________________________

(2) Employment Reference

Name _____________________________________________

Position __________________________________________

Address __________________________________________

Phone ____________________________________________

(3) Character Reference

Name _____________________________________________

Position __________________________________________

Address __________________________________________

Phone ____________________________________________

I certify that the information provided in this application is true and correct. I understand that misrepresentation of any of the information supplied by me is sufficient cause for dismissal from Carson-Newman University.

Signature_______________________________________________________________________________ Date ________________________________
STATEMENT OF PURPOSE
For Admission to Graduate Studies, Carson-Newman University, Jefferson City, TN 37760

Name of Applicant: ________________________________________________________________

Program for which application has been made: ________________________________________

Please submit a clear statement within the space provided of how this degree will help accomplish your personal, professional, and academic goals.

SIGNATURE ______________________________________ DATE ___________________________
Name of applicant (type or print): ________________________________________________

Program for which application has been made: _______________________________________

TO THE APPLICANT: Give these evaluation forms to the references listed on your application and request that they mail or deliver the reference forms directly to the address below. Do not include relatives. Urge them to return these forms immediately. Applications will not be processed until the required recommendations are received. Complete the information above and sign in the space indicated below if you agree to waive your rights to examine this evaluation form once it has been completed.

Under the provision of the federal family educational rights and privacy act of 1974 I agree that the recommendation I am requesting shall be held in confidence by officials of Carson-Newman University, and I hereby waive any rights of access I may have to examine it.

Applicant's signature ___________________________________________ Date ______________________

TO THE EVALUATOR: The applicant listed above is applying for admission to the Advanced Graduate Studies program at Carson-Newman University. Applicants are asked to identify individuals who can provide information about their academic potential, their character/ethics, and their employment record. This individual is requesting that you provide information to the Graduate Studies Admissions and Appeals Committee to assist in his or her admission process. If the waiver statement above is not signed, this will be available for the applicant's review. Please mail or deliver the reference forms directly to the address below in a timely manner in order to expedite the evaluation of this candidate's application.

1. How long have you known this applicant? _____________________________________________

2. In what capacity have you known this applicant? ________________________________________

3. Please rate the applicant on each characteristic by indicating the appropriate ranking.

<table>
<thead>
<tr>
<th>QUALIFICATIONS</th>
<th>Excellent (Upper 5%)</th>
<th>Superior (6-15%)</th>
<th>Good (16-25%)</th>
<th>Average (26-50%)</th>
<th>Below Average (Below 50%)</th>
<th>No Basis for Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation for graduate work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual ability for graduate work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of general knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding of major field</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to analyze ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethical standards and integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral English expression skills*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written English expression skills*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential in research/scholarship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technology knowledge and skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential in leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work cooperatively, effectively, and with tact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Based on your knowledge of the applicant and regarding the program to which the candidate has applied, please indicate your recommendation:

   ___ 1. Strongly recommend admission
   ___ 2. Recommend admission
   ___ 3. Recommend admission with reservations
   ___ 4. Do not recommend admission

Considering the qualifications rated above and the level of your recommendation, please comment on the applicant’s suitability for admission to advanced program graduate school. Cite specific strengths and weaknesses regarding the area(s) about which you are most familiar concerning the applicant (academics, character, employment).

*For applicants whose first language is not English, please comment further regarding your judgment of the applicant's proficiency in the use of English:

Signature of Evaluator __________________________________________ Date ___________

Print Name:________________________________________________________

Title: ____________________________________________________________

Institution/Company/Organization: _________________________________

Address: __________________________________________________________________

Phone/e-mail: ______________________________

RETURN RECOMMENDATION FORM TO:
Graduate Admissions
The Center for Adult and Professional Studies
Carson-Newman University
Box 71985
Jefferson City, TN 37760