



## **Master of Science in Counseling (MSC) Certificate and Audit for Graduate Counseling Programs**

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 Graduate and Adult 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/adult](http://www.cn.edu/adult)

**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 [adult@cn.edu](mailto:adult@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  
Carson-Newman University  
C-N Box 72025  
Jefferson City, TN 37760**

**PHONE (865) 471-3223  
Toll Free 1-800-678-9061  
FAX (865) 471-4817**

**EMAIL [adult@cn.edu](mailto:adult@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.

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**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)

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**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 \_\_\_\_\_

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**LICENSURE INFORMATION**

Do you have a Teaching License? Yes \_\_\_ No \_\_\_

Certificate number(s) and state(s) of licensure \_\_\_\_\_

Licensure areas \_\_\_\_\_

Years of teaching experience \_\_\_\_\_ Are you currently working in the field of Education? Yes \_\_\_ No \_\_\_

If yes, name the educational institution and location: \_\_\_\_\_

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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? \_\_\_\_\_

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## EDUCATIONAL DATA

List all colleges and/or universities attended:

| Institution(s) | Dates (to/from) | Degree(s) |
|----------------|-----------------|-----------|
|----------------|-----------------|-----------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 \_\_\_\_\_

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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 \_\_\_\_\_



**GRADUATE STUDIES RECOMMENDATION FORM**

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 admissions 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.

| <b>QUALIFICATIONS</b>                                     | <b>Excellent<br/>(Upper 5%)</b> | <b>Superior<br/>(6-15%)</b> | <b>Good<br/>(16-25%)</b> | <b>Average<br/>(26-50%)</b> | <b>Below Average<br/>(Below 50%)</b> | <b>No Basis for<br/>Evaluation</b> |
|---|---------------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------------------|------------------------------------|
| Motivation for graduate work                              |                                 |                             |                          |                             |                                      |                                    |
| Intellectual ability for graduate work                    |                                 |                             |                          |                             |                                      |                                    |
| Level of general knowledge                                |                                 |                             |                          |                             |                                      |                                    |
| Understanding of major field                              |                                 |                             |                          |                             |                                      |                                    |
| Ability to analyze ideas                                  |                                 |                             |                          |                             |                                      |                                    |
| Ethical standards and integrity                           |                                 |                             |                          |                             |                                      |                                    |
| Oral English expression skills*                           |                                 |                             |                          |                             |                                      |                                    |
| Written English expression skills*                        |                                 |                             |                          |                             |                                      |                                    |
| Potential in research/scholarship                         |                                 |                             |                          |                             |                                      |                                    |
| Technology knowledge and skills                           |                                 |                             |                          |                             |                                      |                                    |
| Potential in leadership                                   |                                 |                             |                          |                             |                                      |                                    |
| Ability to work cooperatively, effectively, and with tact |                                 |                             |                          |                             |                                      |                                    |

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 RECOMENDATION FORM TO:**  
**Admissions for Graduate Counseling Programs**  
**Carson-Newman University**  
**C-N Box 72025**  
**Jefferson City, TN 37760**