Columbus State University
College of Education and Health Professions
Department of Counseling, Foundations and Leadership

M.S. Degree in Clinical Mental Health Counseling
Departmental Application Form

General Information

Name: _____ SSN:
_____(Last) (First) (Middle)
Address: _____

_____

Phone: (H)_____(O) _____

Fax: _____ E-mail **(important)**: _____

Semester you are applying for: Summer Fall Spring

Please submit the information requested below and this application to:

Admissions Office
Columbus State University
4225 University Avenue,
Columbus, GA 31907

For further information regarding this form or admission information, please contatct:
Ms. Sherri Kuralt, Secretary - Department of Counseling, *Foundations & Leadership*
Columbus State University 4225 University Avenue Columbus, GA 31907
(706) 568-2301; (706) 568-5088 (Fax)

This form is only for departmental use. Please adhere to admissions requirements governed by CSU Admissions Office (http://www.columbusstate.edu/). *Note that department deadlines are earlier than CSU deadlines. *Department deadlines are as follows:* **For Summer Entrance – March 1; For Fall Entrance – May 1.**

You will be contacted by our office regarding program screening and the interview process only after you have met general university requirements (GPA/GRE) and submitted all documentation referred to on this departmental application. To be considered for an interview, all of the admissions requirements (CSU Admissions Office and departmental) must be met on or before departmental deadlines listed above.

I. **Professional Statement**--Please describe why you want to pursue an M.S. degree in Clinical Mental Health Counseling. Include a description of your background and what you think the M.S. program can offer you that you couldn't otherwise get on your own. In addition, please provide a statement of your professional goals and also describe what contribution you feel you'll be able to make to the M.S. program and the field as a result of pursuing a graduate degree. (Please do not exceed three, double-spaced, word-processed pages.)

II. **Resume or Vita**--Please include previous education, related professional work experience, professional service, awards and honors, and a list of two references from whom you will ask to submit a letter on your behalf. (See #3).

III. **Letters of Reference**--Please submit letters from two professionals who can address your professional abilities and/or potential. One letter should be from a current employer or supervisor and one should be from a professor in your undergraduate program. Referees may either submit letters to the address noted above, or they may return the letters to you in a sealed envelope with their signature written across the seal so that you may mail them with your completed application.

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