Thank you for your interest in Oakland University's **Advanced Specialization School Counseling** program.

We anticipate that we will be starting our next cohorts beginning the **fall semester.** This specialization in School Counseling leads to a school counselor license.

The following is included in this information packet:

- An application checklist
- A description of the program and selection criteria
- A Graduate Admission Application
- Instructions for completing a goal statement
- An Experience Working with Children and Youth form
- A felony/misdemeanor disclosure form
- Recommendation for Graduate Admissions Forms (2)

There is a great deal of interest in this program and qualified applicants are accepted by date of application. If you are interested in applying for this program please send all required materials at once rather than piecemeal by **June 30th** to **430D Pawley Hall**.

All orientation and registration information for this cohort program will be provided to you by the Outreach and Program Services office only. Courses for this program are only available to those individuals who have been accepted into this cohort program; therefore they are not published on SAIL.

If you have questions after you have read the enclosed information, please call Donna A. Rich, Administrative Project Coordinator at (248) 370-4170 or send an e-mail to rich@oakland.edu.

Sincerely,

Lisa D. Hawley, Ph.D.
Coordinator, Associate Professor and Chair
Counseling Department
School of Education and Human Services
435F Pawley Hall
Rochester, MI 48309-4494
(248) 370-2841
hawley@oakalnd.edu

Donna Rich
Administrative Project Coordinator
Outreach and Program Services
School of Education and Human Services
430D Pawley Hall
Rochester, MI 48309-4494
(248) 370-4170
(248) 370-4961 fax
rich@oakland.edu

Oakland University
School of Education and Human Services

Advanced Specialization School Counseling Program
Application Checklist

To apply for acceptance into the program, you must send in this form and the information listed below. **Please send all of the documents to us at the same time. Submit all of the items below to:**

ADVANCED SPECIALIZATION SCHOOL COUNSELING
SEHS/Outreach & Program Services
430D Pawley Hall
Rochester, MI 48309-4401

Please do not send any documents to the Office of Graduate Admissions.

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (day)_____ Phone (evening)_____

Email address _____

I am submitting the following application materials to the SEHS Professional Development Office for Oakland University's Advanced Specialization School Counseling Program:

☐ Official transcript(s) – Master's Degree in Counseling

NOTE: If you are currently in the Master of Counseling program at OU, you do NOT need to submit graduate transcripts. Just send the remaining application materials to Professional Development.

☐ Graduate Admissions Application

Under PROGRAM OF STUDY select: Professional Development
Under Courses you plan to take: write Advanced Specialization School Counseling

☐ Two recommendations (Forms are included in the packet.)

☐ A goal statement

☐ My experience working with children/youth

☐ Signed felony/misdemeanor disclosure form

*Note: Individuals who have not completed their master's degree in counseling may enter this program after completion of 28 credit hours in their graduate program, including CNS 561, CNS 571 and CNS 661. Specialization courses may conflict with scheduling of degree courses.

Oakland University
School of Education and Human Services

ADVANCED SPECIALIZATION SCHOOL COUNSELING PROGRAM
Leads to School Counselor License

Benefits of the Program

- Total of 12 credits*
- Program Requirements Approved by Michigan Department of Education under Legislation passed by Michigan Legislature Summer of 2000
- Core Courses can be completed in 3 semesters
- Taught by practicing educators, counselors

APPLICANT SELECTION CRITERIA

To be admitted into the program an applicant shall have

- Successfully a Master's Degree in Counseling from an approved counselor education program.
  Note: Individuals who have not completed their Master's Degree in Counseling may enter this program based on certain criteria (see below)
- Maintained a graduate grade point average of 3.0 or better
- Submitted two recommendations
- Submitted official transcripts (if current or former OU Master's student, transcripts not required)
- Completed a goal statement
- Documented prior experience with children (see attached form and list for recommended types of experience)

ADMISSION CRITERIA FOR INDIVIDUALS WHO HAVE YET TO COMPLETE THEIR MASTER'S DEGREE

In addition to the above criteria, individuals must have completed no less than 24-28 hours in their master's program before they begin the specialization. The 24-28 hours should include CNS 561, CNS 571 and CNS 661.

PROGRAM COURSE WORK

This Advanced Specialization School Counseling Program consists of 12 graduate credit hours and is designed to be completed in one year or less. Courses are scheduled in the evenings and on Saturdays. The courses are:

TD 500 Introduction to Teaching and the Schools (2 Credits)
TD 511 Learning Theories (2 Credits)
TD 554 Advanced Interaction Laboratory for Teacher Development (4 credits)
SE 500 Introduction to the Student with Special Needs (2 credits)
CNS 688 Seminar in Current Issues in School Counseling (2 Credits)

To be recommended for the school counselor license, you must complete the following, if you haven't already.

CNS 561 (or equivalent) – Introduction to School Counseling (2 credits)
CNS 571 (or equivalent) – Consultation Theory and Practice (2 credits)
CNS 666 A SCHOOL BASED INTERNSHIP** (4 credits)
Pass the Michigan Test for Guidance and Counseling (#51 on the MTTC)

**After a participant has completed all the coursework and passed the Michigan Test for Guidance and Counseling, he/she may be recommended for a preliminary authorization for a school counselor license. The recommendation for the full school counselor license will be forwarded to MDE after completion of the internship. It may be possible, although we cannot guarantee it, to complete the school based internship while employed as a school counselor.

Oakland University
Advanced Specialization School Counseling Program

Applicant Goal Statement

( )

Name Cell or Work Phone

( )

Address Home Phone

Please respond to the following questions so we can learn more about you and your reasons for seeking admission to the Advanced Specialization School Counseling Program. Your response should be word processed, and not exceed two single-spaced pages (500 words). Attach your response to this page and sign it at the end.

Thank you.

Your statement should include:

1. **Your professional development in the field of Counseling.**
2. **Factors that influence you to apply for this program.**
3. **Your career goals and contributions to K-12 counseling that you hope to make upon completing the program.**
4. **The personal qualities that you believe you will bring to the program.**

Return your statement along with the rest of your application materials to:

ADVANCED SPECIALIZATION SCHOOL COUNSELING
SEHS/Outreach & Program Services
430D Pawley Hall
Rochester, MI 48309-4401

Oakland University

Graduate Study and Lifelong Learning – 520 O'Dowd Hall

APPLICATION FOR GRADUATE ADMISSIONS

GRADUATE PROFESSIONAL DEVELOPMENT

TO BE FILLED OUT BY APPLICANT.
(SEE INSTRUCTIONS FOR COMPLETING THIS APPLICATION.)

PERSONAL INFORMATION

LAST NAME (FAMILY OR SURNAME)

SOCIAL SECURITY NUMBER* ___ - __ - ____

FIRST NAME

MIDDLE INITIAL

SUFFIX (JR, SR, ETC)

GRIZZLY ID NUMBER (OU STUDENTS ONLY) G

OTHER LAST NAME UNDER WHICH YOUR RECORDS MAY BE LISTED (MAIDEN OR FORMER NAME)

E-MAIL ADDRESS (PLEASE PRINT)

PERMANENT HOME ADDRESS (NUMBER AND STREET)

COUNTY (IF MICHIGAN)

CITY AND STATE, IF IN U.S. OR CITY AND COUNTY, IF NOT U.S.

ZIP CODE ____ - ____

AREA CODE HOME TELEPHONE NUMBER

AREA CODE WORK TELEPHONE NUMBER

CURRENT MAILING ADDRESS (NUMBER AND STREET – IF DIFFERENT FROM ABOVE)

AREA CODE CURRENT TELEPHONE NUMBER

CITY AND STATE, IF IN U.S. OR CITY AND COUNTY, IF NOT U.S.

ZIP CODE ____ - ____

HAVE YOU BEEN A RESIDENT OF MICHIGAN FOR THE PAST SIX MONTHS? ☐YES ☐NO

BIRTH NATION _____

CITIZENSHIP ☐U.S. ☐ OTHER (SPECIFY COUNTRY) _____

Non-U.S. Citizens Only: (Non-U.S. citizens must submit proof of current immigration/visa status)
CURREN IMMIGRATION STATUS _____ ALIEN REGISTRATION NUMBER OR CURRENT VISA NUMBER _____
WILL YOU BE APPLYING FOR AN F1 STUDENT VISA? ☐YES ☐NO

The information requested in here is optional and will not be used for admissions purposes. Colleges and universities are asked by many, including the federal and state governments, college guides, and our communities, to describe the backgrounds and characteristics of our students. For this purpose, please answer the following optional questions.

Date of Birth (MM-DD-YY) __ - __ - __

Sex
☐Male
☐Female

For U.S. citizens and permanent residents:

Please indicate whether you consider yourself to be Hispanic/Latino ☐YES ☐NO

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native (Including Central and South America)
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

DO YOU PLAN TO ENROLL FULL TIME?
☐YES ☐NO
(8 credits or more)

DO YOU PLAN TO APPLY FOR FINANCIAL AID OR A GRADUATE ASSISTANTSHIP?
☐YES ☐NO

Program of Study = Professional Development (7901)

Please list the courses you would like to enroll:

_____

_____

START TERM: (CHECK ONE AND NOTE YEAR)

☐Fall (Sept.) _____ YEAR ☐Summer (May) _____ YEAR

☐Winter (Jan.) _____ YEAR

DO YOU PLAN TO EARN A DEGREE? ☐YES ☐NO

*Disclosure of your Social Security Number is voluntary. The university cannot deny you services if you refuse to disclose this information. Providing your Social Security Number will assist in maintaining a more efficient records-keeping system, including student records involving financial aid, official transcripts, student employment and scores to be received from national testing agencies

Experiences Working with Children/Youth
School of Education and Human Services
Oakland University

Documentation form for application to the

Advanced Specialization School Counseling Program

Please document your experiences in working with children/youth. If more space is needed, you can duplicate this form. See "Suggested Experiences" working with children/youth.

Applicant's Full Name_____

I/D Number*_____

*Students at Oakland University are requested to use their Grizzly ID number. If you have not been admitted to OU, please use your social security number until you are assigned a Grizzly ID/Student number.

Your role_____

Description of your tasks ad responsibilities

_____

_____

_____

_____

Approximate dates when activity was performed _____

Ages of children with whom you worked_____

Approximate clock hours of experience working with children/youth_____

_____

Your Signature Date

Please complete and send to:

ADVANCED SPECIALIZATION SCHOOL COUNSELING
SEHS/Outreach & Program Services
430D Pawley Hall
Rochester, MI 48309-4401

02/03/15

Oakland University
Felony/Misdemeanor Disclosure Form
Advanced Specialization School Counseling Program

Applicant's Statement

1. Have you ever been convicted of any felony? _____ YES _____ NO

2. Have you ever been convicted of any misdemeanor including any alcohol including any alcohol related traffic violations? _____ YES _____ NO

3. Have you ever been convicted in Michigan or any other state or jurisdiction, whether upon a verdict or plea of guilty or upon a plea of nolo contendere (no contest), or received a suspended sentence for a crime that is considered criminal sexual conduct? _____ YES _____ NO

4. Did you ever receive a discharge from the Armed Forces of the United States, which was other than "Honorable"? _____ YES _____ NO

5. Have you ever been denied admission to, or been removed from, a counselor education program at another college or university? _____ YES _____ NO

6. Have disciplinary proceedings ever been initiated against your limited license, professional license or professional certification? _____ YES _____ NO

(If you have answered "yes" to any of the above questions, please explain the circumstances on the other side of this form.)

If you have answered 'yes' to any of the above, you need to know that passing our program, school internship and the state certification test does not guarantee a counselor license or employment.

This form must be signed and dated before admittance to the Advanced Specialization School Counseling Program and again prior to recommendation for the preliminary or full school counselor license.

Signature of Applicant:_____ **Date:**_____

Print Name of Applicant:_____

07/21/11

Please type or print legibly.

Graduate Admissions
520 O'Dowd Hall
Rochester, MI 48309-4401
(248) 370-2700 (phone)
(248) 370-3226 (fax)

Recommendation for Graduate Admission

This completed form must be submitted to Graduate Admissions in a sealed envelope with the signature of the recommender affixed across the back sealed flap.

NOTE: Consult the section of the catalog that pertains to your field of study for instructions concerning the recommendation: e.g. any special type of information required, number of recommendations needed, who recommenders should be.

This section to be completed by Applicant:

Name of Applicant _____

Email Address _____ Field of Study _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access. Please sign if you waive your right of access to the information record below.

Signature of Applicant _____ Date _____

This section to be completed by Recommender:

Name of Recommender (please print) _____ Title _____

Institution _____ Department _____

Email Address _____ Phone _____

1. **How long and in what capacity have you known the applicant?** _____

2. **Please rate the applicant in comparison to others whom you have known at similar stages in their careers:**

	Exceptional Upper 5%	Excellent Next 10%	Very Good Next 15%	Good Next 20%	Next 50%	No Basis for Judgment
Scholarly potential in indicated field of study						
Creativity & originality in indicated field of study						
Motivation and perseverance toward goals						
Judgment & maturity						
Ability to work with others						
Ability to work independently						
Ability to express thoughts in speech & writing						

3. **Please circle the strength of your overall endorsement:**

   Highly Recommended **Recommended** **Recommended with Reservations** **Not Recommended**

4. **OPTIONAL: You may comment specifically in a separate letter or on the back of this form on the applicant's strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement can be particularly helpful as is an assessment of the applicant's ability/potential for college teaching.**

5. **Recommender's Signature** _____ **Date** _____

Please type or print legibly.

Graduate Admissions
520 O'Dowd Hall
Rochester, MI 48309-4401
(248) 370-2700 (phone)
(248) 370-3226 (fax)

Recommendation for Graduate Admission

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Name of Applicant _____

Email Address _____ Field of Study _____

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	Exceptional Upper 5%	Excellent Next 10%	Very Good Next 15%	Good Next 20%	Next 50%	No Basis for Judgment
Scholarly potential in indicated field of study						
Creativity & originality in indicated field of study						
Motivation and perseverance toward goals						
Judgment & maturity						
Ability to work with others						
Ability to work independently						
Ability to express thoughts in speech & writing						

3. **Please circle the strength of your overall endorsement:**

   Highly Recommended **Recommended** **Recommended with Reservations** **Not Recommended**

4. **OPTIONAL: You may comment specifically in a separate letter or on the back of this form on the applicant's strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement can be particularly helpful as is an assessment of the applicant's ability/potential for college teaching.**

5. **Recommender's Signature** _____ **Date** _____