COUNSELING PROGRAM APPLICATION DEADLINES:
**March 15 for enrollment during the following Fall semester**
**October 15 for enrollment during the following Spring semester**

1. Application and acceptance to the UNT Toulouse Graduate School by filing the following items with the Graduate School (Eagle Student Services Center, 3rd floor) at least 1 month prior to the Counseling Program Application Deadlines: (Applications at both the Grad School and Program office must be completed and filed by 5:00 p.m. the day of the deadline, or the application will not be considered for admission.)

   a. A completed Graduate School application form
   b. Application fee
   c. Complete official transcripts from all colleges or universities attended
   d. Satisfactory Grade Point Average (GPA). GPA requirements are summarized in the following table:

<table>
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<tr>
<th>Highest Degree</th>
<th>GPA Overall</th>
<th>GPA Last 60 hrs</th>
<th>Status</th>
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<tbody>
<tr>
<td>Undergrad</td>
<td>3.00 - 4.0</td>
<td>3.00 - 4.0</td>
<td>Satisfactory</td>
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<td>&lt; 3.00</td>
<td>&lt; 3.00</td>
<td>Deficiency work required; contact Counseling Program office.</td>
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<tr>
<td>Master’s</td>
<td>3.40 - 4.0</td>
<td>3.40 - 4.0</td>
<td>Satisfactory</td>
</tr>
<tr>
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<td>&lt; 3.40</td>
<td>&lt; 3.40</td>
<td>Deficiency work required; contact Counseling Program office.</td>
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   e. Graduate Record Examination (GRE) scores. Students should sit for the GRE at least four (4) weeks prior to the Application Deadline to allow time for processing and posting of scores. To schedule the exam on this campus, please call the UNT Counseling and Testing Center (940) 369-7617. For other locations call 1-800-GRE-CALL. An applicant with a disability must take the GRE exam with disability accommodation. Disability accommodation is available at UNT Counseling and Testing Center.
   f. Any other forms or materials required by the Graduate School.

2. All admission to the Counseling Program is provisional, pending completion of COUN 5710 & COUN 5680 with a grade of B or higher. Procedures for provisional admission to the counseling master’s program are as follows:

   a. Submission of the following application file to the Program office by the Counseling Program Application Deadline.
      (1) Completed Application for Admission to Master's Program in Counseling form.
      (2) Three completed Reference Evaluation Forms. These forms should be completed by a current or recent employer, a current or recent professor, and one other individual who is professionally acquainted with the applicant’s work.
      Completed reference forms should be returned to the applicant as per instructions on the reference form. References from professors, employers, and supervisors are weighted slightly higher than those from others.
      (3) A one-page, typewritten Writing Sample addressing all of the following (one-inch margins, may be single-spaced):
         (a) Your aspirations related to the field of counseling;
         (b) One or more significant life event(s) that contributed to the development of these aspirations;
         (c) The single greatest personal asset that will serve you in realizing your aspirations; and
         (d) The one personal characteristic or quality that you most need to modify, improve, or change in order to realize your aspirations.
         (e) Activities demonstrating your commitment to the field of counseling;
         (f) Evidence if you have fluency in both English and another language; and
         (g) (optional) Any other information that you think would be helpful in evaluating your potential for success.
      Writing samples will be evaluated on the basis of content and writing proficiency. Writing samples that exceed one page will not be considered.

Return the complete application file (all items listed in 2a) in one envelope to the Counseling Program Office in Welch Street Complex 2. The applicant is responsible for ensuring that the application file reaches the Program office BY THE APPLICATION DEADLINE. If a complete application file is not received by 5:00 p.m. of the deadline date, the applicant MAY NOT proceed to the orientation and interview for that semester.

If sending by FedEx, DHL, or UPS only: UNT Counseling Program
425 S. Welch St. 1155 Union Circle #310829
Welch Street Complex 2 Denton, TX 76203-5017
Denton, TX 76203

If sending by United States Postal Service only: UNT Counseling Program
Denton, TX 76203-5017
b. **Group Interview.** Applicants invited to the interview who live within a 150-mile radius of Denton are required to attend an interview held on a Friday soon after the application deadline. The applicant must contact the Program office upon receiving notification regarding the Interview and confirm the intention to attend. Persons needing ADA assistance should so indicate at that time.

Applicants invited to the interview who live outside a 150-mile radius of Denton are encouraged but not required to attend the interview. An applicant opting not to attend must do the following:

1. Submit to the Program office by the interview date, a DVD or YouTube link in which the applicant responds orally to the "Writing Sample" information. [see items (3) (a)-(e) above]. The DVD recording should not exceed ten (10) minutes in length. DO NOT READ THE WRITING SAMPLE FROM YOUR APPLICATION or any other pre-written document or script. Instead speak extemporaneously in response to each question (a) – (g).

2. View the Preview video that introduces the Counseling Program, facilities, and faculty, which is located on our website: [http://www.coe.unt.edu/che/coun/degrees%20and%20credentials/degrees/masters%20degrees/](http://www.coe.unt.edu/che/coun/degrees%20and%20credentials/degrees/masters%20degrees/) (bottom of the page)

Following the Interview, each applicant will receive a letter granting or denying provisional admission. All students granted provisional admission are required to attend a one-day New Master's Student Orientation the week before classes begin. Information regarding New Master's Student Orientation will be sent to students shortly after provisional admission is granted. Additionally, students granted provisional admission should contact the Counseling Program Office for advising prior to registration.

**Criminal History Background Check.** Individuals selected to proceed beyond orientation and interviews will be granted provisional admission pending receipt of a satisfactory Criminal History Background Check by a date indicated on the admissions letter. Policy and procedures for completing this review are located on the resources page of this website. [http://www.coe.unt.edu/counseling-and-higher-education/resources/counseling-resources](http://www.coe.unt.edu/counseling-and-higher-education/resources/counseling-resources) Students who have not been granted provisional admission will be administratively dropped from Counseling Program courses.

3. Multiple criteria to be used by the Master’s Admissions Committee in holistic review of applicants:

   a. Primary factors:

   1) GPA (higher is better; year of graduation and school[s] considered as factors)
   2) GRE – V, Q, and either A or AW (higher is better)
   3) Three Reference Evaluation Forms (each rated by Master’s Admissions Committee as Excellent, Good, Fair, or Poor)
   4) One-page Writing Sample (quality of both writing and content rated by Master’s Admissions Committee as Excellent, Good, Fair, or Poor)
   5) Ratings from the Group Interview, OR, when an applicant is unable to attend the Group Interview, ratings of submitted recording by Master’s Admissions Committee (1-5 scale, higher is better)

   b. Secondary factors

   1) Track of study (relative to current job market needs)
   2) Languages spoken (relative to current job market needs)
   3) Internationality (potential to increase presence of counseling internationally)
   4) Diversity (potential to represent and/or serve underrepresented/undeserved counseling populations)
   5) Work and/or volunteer experience

4. Enrollment in and satisfactory completion of COUN 5710 and 5680. Admission to the Counseling Program is provisional until the student’s progress is evaluated by the Counseling faculty at the completion of COUN 5680. The student’s progress is evaluated on the basis of the demonstration of adequate subject matter knowledge and interpersonal skills required in counseling. After the progress review, the faculty either recommends that the student continue the program or reserves the right to withdraw the student from the program. Following this initial evaluation the student will be routinely evaluated on the criteria of knowledge, interpersonal skills, and counseling skills to determine if progress is adequate, if remedial work is needed, or if the student should discontinue or be withdrawn from the program.

5. Though a student may enter the master’s program within 12 hours of receipt of the bachelor’s degree, the student may complete no more than 12 hours of master’s level work prior to receiving the bachelor’s degree.

**Students with permanent disabilities may receive a "Disability Accommodation Policy" by contacting the Counseling Office.**

For admission questions, contact the Counseling Program office at 940-565-2910. All other questions should be brought to the Orientation for applicants (see 2b above) which includes a question and answer period.

Revised: January 2016 Irh
To apply to the Toulouse Graduate School go to:

www.applytexas.org

This application is only valid for the semester indicated and is for the use of **U.S. Citizens** and **permanent resident aliens**. All applications require a nonrefundable application fee. (check, money order, or credit card authorization).
APPLICATION FOR ADMISSION TO MASTER'S PROGRAM
IN COUNSELING

Complete and return this form, along with all sealed references and writing sample to the Counseling Program office.

If sending by FEDEX, DHL, or UPS only:
UNT Counseling Program
425 S. Welch St.
Welch Street Complex 2
Denton, TX 76203

If sending by United States Postal Service only:
UNT Counseling Program
1155 Union Circle #310829
Denton, TX 76203-5017

Miss
Mrs.
Mr. ____________________ (Last) (First) (Middle)

Date of Birth ____________________

Permanent Address
(Number) (Street) (City) (State) (Zip)
Telephone Number ____________________ E-mail ____________________

Current Address
(Number) (Street) (City) (State) (Zip)
Telephone Number ____________________ E-mail ____________________

EDUCATIONAL HISTORY (List most recent first)
Institution Location Degree Earned Major/Minor Date
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

EMPLOYMENT (List most recent first)
1. Place _________________________________________________________________________________
   (Name) (City) (State)
   Position ____________________________________ Supervisor ______________________________

2. Place _________________________________________________________________________________
   (Name) (City) (State)
   Position ____________________________________ Supervisor ______________________________

3. Place _________________________________________________________________________________
   (Name) (City) (State)
   Position ____________________________________ Supervisor ______________________________

   (Please see reverse side.)
REFERENCES: List below the names and addresses of the three people you have asked to complete your Reference Evaluation Forms.

1. Name ____________________________  Title ____________________________
   Address_____________________________________________________________________

2. Name ____________________________  Title ____________________________
   Address_____________________________________________________________________

3. Name ____________________________  Title ____________________________
   Address_____________________________________________________________________

I hereby waive my right to review these references _____________________________ ____________________________
   Signature          Date

(If you sign the "waive" statement mark the space for "confidential" on your Reference Evaluation Forms.)

or

I do not waive my right to review these references _____________________________ ____________________________
   Signature          Date

(If you sign the "do not waive" statement, mark the space for "open" on your Reference Evaluation Forms.)

Be sure you have marked your Reference Evaluation Forms as either Confidential or Open.

IMPORTANT (please check):

Anticipated start date
   ________Spring semester/year
   ________Fall semester/year

I learned about this program from:

   _____ Internet
   _____ Guidance Counselor
   _____ Current UNT student or graduate
   _____ Publication (please specify __________________)
   _____ Other (please specify ______________________)
   _____ Radio/TV
MASTER’S DEGREE APPLICANT REFERENCE EVALUATION FORM

Name of Applicant ________________________________________________________________

Type of Reference ______ Open (may be viewed by applicant)
                      ______ Confidential

The above named person has applied to the Master’s program in Counseling at the University of North Texas and has asked that you supply the information requested below.

1. Your personal knowledge of the applicant:

   I have __________ served as the applicant’s professor
   ______ supervised the applicant as an employee
   ______ worked with the applicant as a colleague.
   ______ known the applicant only as a friend
   ______ Other ____________________

2. Academic Potential:

<table>
<thead>
<tr>
<th>Ability in written expression</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Ability in oral expression</td>
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<tr>
<td>Overall intellectual capacity</td>
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<td>Initiative</td>
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<td>Perseverance</td>
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<td>Conscientiousness</td>
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3. Professional Potential:

   | Professional competence    |           |      |      |      |         |
   | Professional attitude      |           |      |      |      |         |
   | Professional appearance    |           |      |      |      |         |
   | Adherence to ethical behavior|         |      |      |      |         |

4. Counseling Potential:

   | Commitment to others’ welfare |           |      |      |      |         |
   | Understanding of others’ verbal and nonverbal communication | |      |      |      |         |
   | Respect for others’ individuality/ uniqueness |           |      |      |      |         |
   | Respect for others’ freedom of choice |           |      |      |      |         |
   | Belief in others’ positive potential |           |      |      |      |         |
   | Self-awareness              |           |      |      |      |         |
   | Appropriate self-control    |           |      |      |      |         |
4. Counseling potential (continued):

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unknown</th>
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<tr>
<td>Integrity</td>
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<td>Understands others’ perceptions and actions</td>
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<td>Interpersonal genuineness</td>
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<td>Promotes own physical and mental health</td>
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<td>High stress/frustration tolerance</td>
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<td>Works collaboratively with others</td>
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<td>Adaptability</td>
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<td>Commitment to self-improvement</td>
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<td>Enthusiasm</td>
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<td>Appropriate self-confidence</td>
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<td>Openness to constructive feedback</td>
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5. The applicant is fluent in (check all that apply):
   _______ English
   _______ a language other than English (please indicate): __________________

6. In terms of academic or professional potential, I would rate this applicant as:
   _______ An outstanding prospect for a Master's program
   _______ A good prospect for a Master's program
   _______ An average prospect for a Master's program
   _______ A weak prospect for a Master's program

7. Clarification (optional)

Signature __________________________ Date __________________________
Name typed or printed __________________________
Address __________________________
Position or title __________________________

Important: Please place the completed form in a sealed envelope and sign your name over the flap:

[Signature]

Return the envelope to the applicant