



# Application to Graduate Program

Semester \_\_\_\_\_  
 Cohort (if any) \_\_\_\_\_

## MS, Clinical Rehabilitation and Mental Health Counseling

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Former Name	_____ Student ID
_____ Home phone#	_____ Cell phone#	_____ Email		

### Educational Background

_____ Undergraduate Degree	_____ Major	_____ Institution	_____ Term Graduated
_____ Graduate Degree	_____ Major	_____ Institution	_____ Term Graduated
_____ Current California Credential- Type of Credential		_____ Institution	_____ Date Expires

### Application Requirements

1. Proof of application to Fresno State or current enrollment at Fresno State
  - Cal State Apply confirmation page
  - Transcripts showing current enrollment
2. Transcripts (copy of official or unofficial)
3. Statement of Purpose
4. 3 Letters of Recommendation (including rubrics)
5. Proof of Writing Competency (any of the items below will satisfy the requirement)
  - CBEST – score of 41+ on writing section OR pass all sections of the entire test
  - CSET –pass all three sections of the Multiple Subject test and the Writing Skills test
  - Upper Division Writing Exam (UDWE)
  - Any Fresno State “W” course with “B” or better
  - Substitution request approved by Graduate Coordinator (form available on Kremen website)
6. Complete prerequisites from Fresno State with a grade of "C" or better (substitution forms on Kremen website)
  - COUN 174, COUN 176 and ERE 153

**Please complete application packet and include all required documents as detailed above.**

Kremen School of Education and Human Development Attn:  
 Graduate Admissions Analyst  
 5005 North Maple Ave. M/S 301  
 Fresno, CA 93740-8025



Kremen School  
of Education and  
Human Development

# Statement of Purpose

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

In the space provided below (or an attached page), provide relevant information about yourself including goals, objectives, and experiences related to the master's degree and/or advanced credential/certificate program to which you are applying. Please focus primarily on your short-term and long-term professional goals. You may attach additional pages. (1-2 pages maximum)



Kremen School of Education and Human Development

# Letter of Recommendation Rubric

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**To the Applicant:** Complete the information requested above and give to the person(s) providing the reference(s). Please note that, generally, confidential recommendations often provide more useful information. **In accordance with the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and the related policies and regulations, it is also understood that upon request, this letter will not be made available to the applicant (or candidate) for examination.** If you agree, you may sign the waiver below. The decision is up to you.

I waive the rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Evaluator please complete the section below

The Kremen School of Education and Human Development would appreciate a statement from you evaluating the person named above for enrollment in and successful completion of an advanced credential and/or Master degree program. If additional space is needed, the back of this form may be used. **Please provide the applicant with this form and a letter of recommendation in a sealed envelope with your signature across the seal.**

Please rate the applicant with other individuals seeking comparable experiences.

	Superior	Above	Average	Below
Intellectual Ability				
Imagination and Creativity				
Interest and Enthusiasm				
Ability to Communicate				
Stability				

If you alone were making the decision as to whether or not the applicant should be accepted, which of the following would you do?

<input type="checkbox"/>	Seek out	Will be a truly outstanding student and professional
<input type="checkbox"/>	Definitely Accept	Will complete the program at a superior level
<input type="checkbox"/>	Accept	Should complete the program at a satisfactory level
<input type="checkbox"/>	Accept	Accept, but with reservation concerning ability or motivation (please explain)
<input type="checkbox"/>	Do not accept	Please explain

Signed \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

**This rubric and a letter of recommendation is to be included with other application materials and submitted in one complete packet. Do not send separately.**



Kremen School of Education and Human Development

# Letter of Recommendation Rubric

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Last Name

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Contact Number \_\_\_\_\_ Email \_\_\_\_\_

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Kremen School of Education and Human Development

# Student Data Sheet

Semester \_\_\_\_\_

Cohort (if any) \_\_\_\_\_

Please select the Graduate program and/or Credential you are applying for or continuing with:

**Master of Science in:**

- Clinical Rehabilitation and Mental Health Counseling

\_\_\_\_\_  
Last Name                                      First Name                                      Former Name                                      Student ID

\_\_\_\_\_  
Home phone#                                      Cell phone#                                      Email

**FOR OFFICE USE ONLY**

1.  Proof of admission status:  Cal State Apply confirmation  transcripts  Dept. Rec.  Change Major
2.  GPA:     UGRD Cumulative \_\_\_\_\_  
                  PBAC Cumulative \_\_\_\_\_  
                  Fresno State PBAC \_\_\_\_\_  
                  Last 60 units \_\_\_\_\_
3.  Statement of Purpose
4.  Letters of Recommendation: 1)  2)  3)
5.  Writing Competency
  - CBEST
  - CSET
  - UDWE
  - Fresno State "W" Course \_\_\_\_\_
  - Waived
6.  COUN 174 \_\_\_\_\_      COUN 176 \_\_\_\_\_      ERE 153 \_\_\_\_\_
7.  TOEFL (if foreign student verified by International Admissions)

**Faculty Review**

**Notes**

Master's Program:     Admit     Deny

Credential Program:  Admit     Deny

Admit Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coordinator \_\_\_\_\_ Date \_\_\_\_\_