



GEORGE FOX
SCHOOL OF EDUCATION

APPLICATION FOR ADMISSION

Graduate Department of Counseling

- *Master of Arts in Counseling*
- *Master of Arts in Marriage and Family Therapy*
- *Master of Arts in School Counseling*
- *Educational Specialist in School Psychology*
- *Certificate in Marriage and Family Therapy*
- *Certificate in School Counseling*
- *Certificate in School Psychology*

*George Fox University
Office of Admissions*

*12753 S.W. 68th Ave.
Portland, OR 97223*

503-554-6101 • 800-493-4937

FAX 503-554-6111

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*counseling@georgefox.edu
georgefox.edu*

GEORGE FOX UNIVERSITY

Department of Counseling

Admission Procedure

The following must be furnished by the applicant:

1. Completed and signed application form
2. \$40 nonrefundable application fee
3. Résumé of work and/or volunteer experience
4. Applicant's admission statement
5. Two recommendations: one professional, one academic (if enrolled within the last five years)
 - You must use the forms included in the application packet
6. One official transcript from each college or university attended
7. Official results from the Millers Analogy Exam (MAT)
 - Taken within five years of this application date
8. TOEFL scores are required of international applicants or if English is your second language (see catalog for TOEFL score requirements)
 - Taken within five years of this application date

An **on-campus** interview is required of applicants as part of the admission process. Only applicants whose files are completed by the deadline will be considered for an interview. Interviews will take place three times per year. The interview dates can be found online at counseling.georgefox.edu or by calling the admissions office. The on-campus interview creates an opportunity for applicants to demonstrate their abilities in critical thinking, self-reflection, and interaction with others. NOTE: An invitation to an interview does not indicate acceptance to the program.

Return all application materials to:

Office of Admissions
George Fox University
12753 S.W. 68th Ave.
Portland, OR 97223
503-554-6101 • 800-493-4937 • Fax: 503-554-6111

Notes:

1. George Fox University reserves the right to select students on the basis of academic performance and professional qualifications. George Fox University does not discriminate in its educational programs or activities, including employment, on the basis of age, sex, handicap/disability, race, color, national or ethnic origin, or other statuses protected by applicable nondiscrimination laws.
2. All questions must be answered, with the exception of those marked "optional." See catalog for full information regarding entrance requirements.
3. Application materials become the property of George Fox University and are not returned or transferred to another institution.
4. Only applicants following the above application process, having completed files with official paper work (copies are not sufficient), and having met the application deadline will be considered for admission to the Graduate Department of Counseling.
5. Special students and previous applicants who desire to be considered for admission should update their application and provide additional supportive material as appropriate. Updated files will be reviewed by the Graduate Department of Counseling faculty along with other completed applicant files for consideration to an on-campus interview. IMPORTANT: Special students may take classes for only one semester, and may not exceed ten credits. Courses chosen must be approved by the Graduate Department of Counseling Chair before registration.
6. Returning students who have been out of the program for one year or more must go through the admissions process designated in order to be considered for readmission.
7. Crimes committed and/or convicted of prior to or after admission to the program must be disclosed to the GDC faculty and administration, to assess the student's continuous fit for the profession, department, and university. It is the university's prerogative to not allow a student to take any more classes and be dismissed from the program and/or university. Non-disclosure may also result in dismissal.

Applicant Information

Please list names of other schools where you may be applying (optional)

We would appreciate knowing how you became acquainted with George Fox University.

Have you ever been convicted of a crime? Yes No

If yes, please explain. Use an extra page if necessary.

Financial Information

Do you expect to file an application for financial aid? Yes No

Are you a veteran? Yes No

The following questions are optional. No information you provide will be used in a discriminatory manner.

Social Security number* _____ Birth date _____
MONTH DAY YEAR

Your place of birth _____ Male Female

Religious affiliation _____ Marital status Single Married

Are you bilingual? Yes No If yes, what is your second language? _____

Ethnic origin (Please check one)

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native American | |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other |

* Required for financial aid/student loan eligibility

If you provide your Social Security number, George Fox University uses it for keeping records, doing research, and reporting.

The University does not use your number to make any decision directly affecting you or any other person. Your Social Security number is not given to the general public. If you choose not to provide your Social Security number, you are not denied any rights as a student.

Providing your Social Security number means that you consent to the use of the number in the manner described.

Previous Education (Request official transcripts be sent to the Graduate Admissions Department for each institution listed.)

All university/colleges attended (Use additional sheet if necessary)	Location	Date from	Date to	Degree earned and major	Graduation date	Units earned

Work Experience (Please submit a resume and fill in the following. Use an extra page if necessary.)

Employer	Job title	Date from	Date to	Supervisor's name	Phone

Other Experience (e.g. boards, service clubs, volunteer positions, etc.) Be as specific as possible. Use an extra page if necessary.

Organization	Your role	Date from	Date to	Supervisor's name	Phone

List the credentials and/or certificates you hold.

List your academic honors, awards, scholarships, or publications.

GEORGE FOX UNIVERSITY

ACADEMIC RECOMMENDATION

Graduate Department of Counseling

This form is to be filled out by your faculty advisor, a professor, or an acquaintance with an advanced degree who knows you well. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name _____		
Last	First	Middle
<p>Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:</p>		
1. I <i>waive</i> my right to examine this form.		
_____	_____	_____
SIGNATURE		DATE
2. I <i>do not waive</i> my right to examine this form, and I authorize the person completing this form to provide a candid evaluation.		
_____	_____	_____
SIGNATURE		DATE
Applying for:		
<input type="checkbox"/> Master of Arts in Counseling		<input type="checkbox"/> Certificate in Marriage and Family Therapy
<input type="checkbox"/> Master of Arts in Marriage and Family Therapy		<input type="checkbox"/> Certificate in School Counseling
<input type="checkbox"/> Master of Arts in School Counseling		<input type="checkbox"/> Certificate in School Psychology
<input type="checkbox"/> Educational Specialist in School Psychology		
<input type="checkbox"/> Other _____		

Section B: To be completed by reference

The above student is applying for admission to the Graduate Department of Counseling at George Fox University. A full and candid report is essential if fair consideration is to be given the applicant. This completed form is for the admission process only, and does not become part of the student's file. In making the following ratings please keep in mind that they will be used to compare this student with other able students.

1. How long have you known the applicant?
2. How well have you known the applicant?
3. In what context?

Please complete both sides

GEORGE FOX UNIVERSITY

PROFESSIONAL RECOMMENDATION

Graduate Department of Counseling

This form is to be filled out by your employer or a professional acquaintance who knows you well. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name _____
Last First Middle

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

1. I *waive* my right to examine this form.

SIGNATURE DATE

2. I *do not waive* my right to examine this form, and I authorize the person completing this form to provide a candid evaluation.

SIGNATURE DATE

Applying for:

<input type="checkbox"/> Master of Arts in Counseling	<input type="checkbox"/> Certificate in Marriage and Family Therapy
<input type="checkbox"/> Master of Arts in Marriage and Family Therapy	<input type="checkbox"/> Certificate in School Counseling
<input type="checkbox"/> Master of Arts in School Counseling	<input type="checkbox"/> Certificate in School Psychology
<input type="checkbox"/> Educational Specialist in School Psychology	
<input type="checkbox"/> Other _____	

Section B: To be completed by reference

The above student is applying for admission to the Graduate Department of Counseling at George Fox University. A full and candid report is essential if fair consideration is to be given the applicant. This completed form is for the admission process only, and does not become part of the student's file. In making the following ratings please keep in mind that they will be used to compare this student with other able students.

1. How long have you known the applicant?
2. How well have you known the applicant?
3. In what context?

Please complete both sides

Emotional/Personality Ratings	Below average 1-50%	Average 50-80%	Above average 80-95%	Truly outstanding 95-100%	Unable to judge
Capacity for objective evaluation of self					
Maturity of judgment					
Open-mindedness, tolerance of differences					
Ability to handle stress					
Relates without being pushy or aggressive					
Relates to others without manipulation					
Forms relationships with ease					
Capacity to receive feedback constructively					
Overall academic preparedness for graduate school					

Ratings of Work Skills	Below average 1-50%	Average 50-80%	Above average 80-95%	Truly outstanding 95-100%	Unable to judge
Dependability					
Openness to learning new skills					
Capacity for independence					
Willingness to take initiative					
Appropriate professional attitude					

In consideration of the applicant's suitability for study and overall potential for professional practice in the mental health profession, please check one of the following:

- I do not recommend
 I recommend with reservation
 I recommend

Additional comments: _____

Name (please print or type)

Business or Organization

Street Address

City State ZIP

Signature

Position

Daytime Phone

Date

May we call you about this applicant?
 ___Yes ___No

Send this form to: Office of Graduate Admissions
 George Fox University
 12753 SW 68th Ave.
 Portland, OR 97223

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Name _____
LAST FIRST MIDDLE

Name used when attending the institution listed above:

_____ LAST FIRST MIDDLE

Social Security or ID number _____ Date of birth _____

Number of copies requested: For institution below _____ For student _____

Dates attended: From _____ To _____

Mail transcripts to: Office of Graduate Admission, George Fox University • 12753 S.W. 68th Ave., Portland, OR 97223

Student address _____

A check for \$ _____ is attached to cover transcript fees. _____
STUDENT SIGNATURE

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