

Application to Graduate Program

Semester	
Cohort (if any)	

MS, Clinical Rehabilitation and Mental Health Counseling

Last Name	First Name	Middle Initia	Former Name	Student ID
Home phone#	Cell phone#	Email		
	Educa	ational Background	l	
Undergraduate Degree	Major	Institution		Term Graduated
Graduate Degree	Major	Institution		Term Graduated
Current California Creder	ntial- 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)
- 5. 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.



Statement of Purpose

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



Letter of Recommendation Rubric

st Na	me	First Name		Middle Initial	
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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*.



Letter of Recommendation Rubric

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Coordinator_____

Student Data Sheet

remen School of Education and Human Development Semester Cohort (if any)			
Please select the Gra	duate program and/or Cre	dential you are applying fo	r or continuing with:
	on and Mental Health Counselir	g	
ast Name	First Name	Former Name	Student ID
ome phone#	Cell phone#	Email	
	FOR OFFIC	E USE ONLY	
☐ GPA: UGRD Cum PBAC Cum Fresno Stat Last 60 unit ☐ Statement of Purpose ☐ Letters of Recommer ☐ Writing Competency ☐ CB ☐ CS ☐ UD ☐ Fre ☐ Wa ☐ COUN 174	ulativeulativee PBACsssdation: 1)	S DE	RE 153
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