



Instructions and Requirements for Admission to the Master of Science Rehabilitation Counseling Program

Wilberforce University
College of Graduate, Adult Continuing
Education
P. O. Box 1001
1055 N. Bickett Road
Wilberforce, OH 45384
(937) 502-3846 or (937) 708-5625
wilberforce.edu/graduate

Instruction/Requirements

Students seeking admission to the Master of Science in Rehabilitation Counseling Program must first meet the admission requirements of the Graduate Program. Students must apply to the School of Graduate Studies, Wilberforce University, P. O. Box 1001, 1055 N. Bickett Road, Wilberforce, OH 45384-1001, six weeks prior to the start of the student's first term of enrollment. The priority deadline for applying is April 1 for the Fall semester and October 1 for Spring semester. **Students must be officially accepted for admission to the School of Graduate Studies before registering for graduate courses.** Applicants must include the following documents:

- Completed Graduate Admission application
- Official transcripts from all colleges/universities attended (except for Wilberforce University Alumni)
- Three letters of recommendation **and rating sheet**
- Resume or Curriculum Vitae
- An autobiographical narrative, two to three pages in length, double-spaced and typed
- A non-refundable application fee of \$40
- GRE or MAT Scores

Have a copy of your score report sent to the school of graduate studies address listed on the top of the page.

An acceptable score on the GRE (Graduate Record Examination) or MAT (Miller Analogies Test) and should be taken within the last three years. This requirement may be waived if the applicant's cumulative undergraduate GPA is 3.5 or above on a 4.0 scale.

- TOEFL (International Students) score in recent two years and a notarized statement of affidavit or support that indicates the manner financial support available to applicant during his/her study at Wilberforce University.

An appearance for an interview with Faculty from the College of Graduate, Adult Continuing Education Master of Science in Rehabilitation Counseling program is required for candidates prior to admission.

Candidates are evaluated on the following criteria:

- academic performance
- career goals
- personal characteristics
- writing skills
- demonstrated leadership ability

All documents received by the School of Graduate, Adult and Continuing Education become the property of Wilberforce University. Under no circumstances will they be returned to the applicant or forwarded to any agency or other college or university.



Application for Admission
Master of Science
Rehabilitation Counseling

Wilberforce University
College of Graduate, Adult and
Continuing Education
P. O. Box 1001
1055 N. Bickett Rd.
Wilberforce, OH 45384
(937) 502-3846 or (937) 708-5625
wilberforce.edu/graduate

Note: Please print or type in the space provided. Show "N/A" (not applicable) when appropriate.

Please indicate the semester you wish to begin studies: [] Fall (yyyy) [] Spring (yyyy)

Referred to program by: _____

Applicant Name:

Last First Middle Suffix (Jr., II, etc.)

Previous Name:

Last First Middle Suffix (Jr., II, etc.)

Street Address Apartment City State/Province

Zip/Postal Code Country

Home Phone (Area Code) Phone Number Cell (Area Code) Phone Number E-mail

Student Citizenship: [] U.S. Citizen [] Resident Alien [] Refugee [] Student (exchange visitor)

If you are not a U.S. citizen, please specify your country of citizenship: _____

Country of birth: _____, indicate visa and date of entry into U.S. _____

Family members who are WU Alumni: [] Father [] Mother [] Brother [] Sister [] Spouse [] Other

The below requested information will be kept confidential and will not be used to deny access or admission. This information will assist the University with providing data for compliance with federal regulations and guidelines.

Date of birth: mm / dd / yyyy Gender: [] Female [] Male

Race/Ethnic Group: [] Native American [] Asian [] African American [] Hispanic [] Caucasian [] Other

Do you require reasonable academic accommodations? [] Yes [] No

Academic Information

1. List in chronological order all attended colleges and universities, including Wilberforce University. Attach additional (s) sheet if necessary.

<u>College or University</u>	<u>City/State</u>	<u>Inclusive Dates</u>	<u>Major</u>	<u>Degree/Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Please list any professional or academic award(s) you have received (publication, awards, prizes, or fellowships). Attach additional sheet(s) if necessary.

3. Do you wish to be considered for financial aid? Yes No

4. Your preferred enrollment status: Full time Part time

5. Have you previously applied for graduate admission at Wilberforce University? Yes No

6. Please indicate which examination you have taken:

GRE _____/_____/_____
 mm/ dd / yyyy

 Miller (MAT) _____/_____/_____
 mm/ dd / yyyy

 TOEFL _____/_____/_____
 mm/ dd / yyyy

Employment Background

1. Are you employed full time currently? Yes No Are you employed part time currently? Yes No

2. Please list your three most recent professional work experiences.

<u>Employer</u>	<u>Title</u>	<u>City/State</u>	<u>Date of employment</u>	<u>Full time or part time</u>
_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT
_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT
_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT

Letter of Recommendation and Rating Sheets

Three letters of recommendation on official letterhead from the recommender and the associated rating sheets are required. You are responsible for arranging to have your letters of recommendation mailed in a sealed envelope to: Wilberforce University, College of Graduate, Adult Continuing Education, P.O. Box 1001, Wilberforce, OH 45384. All letters of recommendation will be retained in our student applicant database and used for admission decisions. **Failure to complete, sign, and date will result in your application review being delayed.**

List your Recommenders:

Please list the names and positions of three persons, preferably professors or professionals, under whom you have studied or worked. Letters from relatives are unacceptable.

Name	Position	Address	Phone number/E-mail
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

I authorize Wilberforce University to verify the information I have provided. I certify that the information on this application is true and accurate. I understand that any misrepresentation of information on this application, if discovered, can subsequently cause refusal of admission, cancellation of admission, or thereafter, suspension from Wilberforce University. By signing this application, I agree to abide by the policies and regulations of Wilberforce University.

Applicant's Signature: _____ Date: _____

Do not write below this line. Office use only.

Date Received: _____

Autobiography Narrative: Yes No

Recommendation Letters: 1 2 3 0

GRE Score: M _____ V _____ A _____ Date _____

Miller Score: _____ Date _____

TOEFL Score: _____ Date _____

Transcript(s) Received: Yes No

Application Fee: Yes No

Interview: Yes No

Status: P A D C T

Financial Aid/Scholarship Assistance: Yes No



Rating Sheet

Wilberforce University
 College of Graduate, Adult Continuing
 Education
 P. O. Box 1001
 1055 N. Bickett Road
 Wilberforce, OH 45384
 (937) 502-3846 or (937) 708-5625
 wilberforce.edu/graduate

APPLICANT's Name: _____

RECOMMENDER's information

Name: _____

Address: _____

Personal or Business address: _____

Professional title: _____

Phone number: _____

Email: _____

Relationship to applicant: _____

Years (Months) acquainted with applicant: _____

Evaluate the applicant on the below qualities and/or competencies: **(1 is low, 5 is high, N/A indicates not observed or not applicable).**
Please attach your letter of recommendation with this Rating Sheet.

Qualities and/or competencies	1	2	3	4	5	N/A
1. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Analytical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to listen and empathize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to take constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to work with people of diverse cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to work collaboratively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to respect difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Signature of Recommender

 Date