

MS - School Counseling/Student Affairs Program

APPLICATION CHECKLIST

- Highly recommended, but not required: Attend an Information Session meeting prior to semester applying. The information meeting will be posted on the EDCS website.
https://www.csub.edu/sse/departments/advancededucationalstudies/educational_counseling/index.html
- Admission to CSUB – Apply to CSUB as a post-baccalaureate student at <https://www2.calstate.edu/apply>
 - Submit all appropriate official Undergraduate and Graduate transcripts.
 - Electronic transcripts may be emailed to incomingtranscripts@csub.edu. These transcripts must be sent directly from the issuing university/college.
- Submit your program application and supporting documents

Admission to Program– \$30.00 program fee required (**School Counseling/PPS Students Only, not required for Student Affairs admission**). See page 5 of this document.

Submit your complete program application with all requirements as one PDF document to appropriate portal:

[School Counseling Submittal Portal](#)

[Student Affairs Submittal Portal](#)

Make sure to save copies of all forms and documents submitted.

Supporting Documents to include with application:

- Include with this application a typewritten personal statement (2-4 pages). This statement should provide insight into you as a person and as a prospective professional counselor. Include the reasons you want to become a counselor, what you plan to do professionally after you earn your degree, and the reasons (academic and/or personal) why you should be chosen for admission into this Program.
- Recommendations (Two Recommendations Evaluations form required and must be confidential)- (Professional level preferred, no family members) to be completed by the recommender, you will provide recommendation form. Sign the waiver box before you give the form to the person recommending you. Follow the procedure written on the form.
Please submit forms to the [Recommendation Submittal Portal](#).
- Complete a Bachelor's degree with a minimum of 3.0 cumulative GPA (on a 4.0 scale) from an accredited university (**Under special circumstances, provisional admission may be granted for applicants who do not meet the criteria. If provisionally admitted, a student must maintain a minimum of 3.0 graduate GPA after 12 or more semester units are completed**).
- Certificate of Clearance - Evidence of Fingerprint Clearance from the Commission on Teacher Credentialing (CTC). Provide a detailed copy of a valid Certificate of Clearance, valid sub-permit **or** a California Credential. This document must be submitted by March 1, 2024.
- Purchase Professional Liability Insurance (purchase at the cashier or in MyCSUB) This document must be submitted by August 1, 2024. **It is good for 1 year from the date of purchase.**
- Tuberculosis Clearance - Provide evidence of freedom from tuberculosis within the last four years. Your test must clearly indicate a negative result. You may complete this test at any health facility you wish. If you are currently enrolled at CSUB, you may contact Student Health Services at 661-654-2394, for a TB Test. This document must be submitted by March 1, 2024.

- Mandatory Reporter Educator Training certificate: <https://mandatedreporterca.com/training/school-personnel>
- Statistics: Successful completion of an undergraduate/graduate statistics class within 7 years of application to the program with a grade of "C" or higher. This document must be submitted by March 1, 2024.

Pupil Personnel Services Credential:

- Basic Skills Requirement – Submit verification of passage of the CBEST or [equivalent](#). CBEST exam or equivalent, only required for School Counseling/PPS and must be passed or approved.
- BSR (Basic Skills Requirement) Waivers: Copy link below for Information About Submitting BSR Verification.
- <https://www.csub.edu/sse/credentials/basic-skills-requirement-bsr>

For questions about the application, contact yortiz_bush@csb.edu



California State University
BAKERSFIELD

Educational Counseling Program
Admissions Application

- MS/School Counseling/PPS Credential
- MS/College Student Affairs
- PPS Credential only (for those who already hold a Master's Degree in Counseling)

Application for: **Fall Semester**

Name _____ Phone/home _____

Street _____ Phone/other _____

City _____ State _____ Zip _____

E-mail _____ Social Security Number _____

CSUB Identification Number (if known) _____ Date of Birth _____

Date of last attendance at CSUB _____ Ethnicity _____

Baccalaureate Degree from _____

Month/Year _____ Major _____ Minor _____ GPA _____

Master's Degree from _____

Month/Year _____ Major _____ Minor _____ GPA _____

Present Employer _____

Address _____ City _____ State _____ Zip _____

Type of Work _____ Length of Employment _____

I. Below list the names, positions, and contact information for three individuals who know your academic and professional abilities well (examples include: employers/supervisors, former associates, college instructors, persons in the helping professions, etc.). These individuals may be contacted, if necessary, for recommendations for you. In addition, please ask one individual listed below to complete the recommendation form found at the end of this application.

1. _____

2. _____

3. _____

II. In the spaces below, describe your **college, volunteer, and/or employment history**. Begin with the most recent.

Dates	College or Employer	Academic Advisor or Name of Supervisor	Course of Study or Type of Work	Reason For Leaving

III. **Include with this application** a typewritten personal statement (2-4 pages). This statement should provide insight into you as a person and as a prospective professional counselor. Include the reasons you want to become a counselor, what you plan to do professionally after you earn your degree, and the reasons (academic and/or personal) why you should be chosen for admission into this Program.

IV. **Include with this application** a copy of you Basic Skills verification <https://www.csub.edu/sse/credentials/basic-skills-requirement-bsr> (School Counseling/PPS applicants only).

V. The EDCS Program requires that all applicants obtain a Certificate of Clearance prior to beginning any fieldwork. Some local school districts will not honor an existing Certificate of Clearance and request the student obtain an additional Certificate of Clearance through their school district. In some cases, prior arrest record or other misconduct jeopardizes the issuance of a Certificate of Clearance and/or the PPS Credential. Please see the CSUB Credential Analyst (School of Social Sciences and Education Credentials Office) if you believe you may have difficulty in this regard.

I HEREBY SUBMIT MY APPLICATION FOR ADMISSION TO THE EDUCATIONAL COUNSELING PROGRAM at California State University, Bakersfield, with the above information concerning my background, qualifications, and plans for completion of the program. I certify that, to the best of my knowledge, all information contained in this application and on any supplemental material filed with the application is true and accurate, and I authorize the appropriate committee to inquire or seek any additional information it should require.

Signature: _____

Date: _____



CSU Bakersfield

School of Social Sciences and Education

Credentials Office

Mail Stop: 22 EDUC
9001 Stockdale Highway
Bakersfield, California 93311-1022

(661) 654-2110
(661) 654-2277 FAX
www.csub.edu/sse

CREDENTIAL/PROGRAM SERVICES REQUEST

California State University, Bakersfield charges a fee for all Education credential/program services. You are required to pay a non-refundable fee of \$30.00 for all credential/program applications. Please take this form along with your fee to the Cashier's Office.

Go to MyCSUB: make payment through MyCSUB student center and attach proof of payment with your credential application materials.

CSUB ID#: _____

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

E-mail: _____

Phone: _____
Home Cell

Credential/Program: _____

Directions:

1. Applicant: complete top portion and email to recommender
2. Recommender: complete bottom portion and upload to portal



CSU Bakersfield
 School of Social Sciences and Education
 Educational Counseling Program

Recommendation Form

Name of Applicant: _____ CSUB ID: _____
(if known)

To be filled out by the applicant before this form is given to the recommender:

I hereby waive any right to examine this recommendation form. I realize that the CSUB Educational Counseling Program will utilize this recommendation only in conjunction with consideration of my admission to the program and in evaluating my continued progress in regard to the characteristics listed below. I realize that waiving my right to access this form is not a condition of my admission.

Please initial your choice: _____ **I agree to the above waiver** _____ **I do not agree to the above waiver**

Signature of Applicant

Date

To the Recommender:

This applicant has applied for admission to the California State University, Bakersfield Educational Counseling Program (with concentrations in School Counseling and College Student Affairs). Please give your opinion of the suitability of this applicant for the program according to the following characteristics: *(Mark appropriate description)*.

1.	Ability to perform graduate level study	Very Promising	Good	Average	Fair	Doubtful
2.	Potential for leadership in educational counseling	Very Promising	Good	Average	Fair	Doubtful
3.	Potential to apply problem solving and critical thinking strategies	Very Promising	Good	Average	Fair	Doubtful
4.	Potential for maintaining effective relationships with colleagues, students, and community members	Very Promising	Good	Average	Fair	Doubtful
5.	Possession of personality and character traits in keeping with the standards of the profession	Very Promising	Good	Average	Fair	Doubtful
6.	Your overall rating of potential as a candidate for placement in a school counseling or college student affairs capacity	Very Promising	Good	Average	Fair	Doubtful

How long have you known the applicant and in what capacity: _____

Comments: _____

Name and Position: _____

Address/Phone: _____

Signature: _____ Date: _____

To submit to the portal click the link to the right, thank you. [Recommendation Submittal Portal](#)

Directions:

1. Applicant: complete top portion and email to recommender
2. Recommender: complete bottom portion and upload to portal



CSU Bakersfield
 School of Social Sciences and Education
 Educational Counseling Program

Recommendation Form

Name of Applicant: _____ CSUB ID: _____
(if known)

To be filled out by the applicant before this form is given to the recommender:

I hereby waive any right to examine this recommendation form. I realize that the CSUB Educational Counseling Program will utilize this recommendation only in conjunction with consideration of my admission to the program and in evaluating my continued progress in regard to the characteristics listed below. I realize that waiving my right to access this form is not a condition of my admission.

Please initial your choice: _____ **I agree to the above waiver** _____ **I do not agree to the above waiver**

Signature of Applicant

Date

To the Recommender:

This applicant has applied for admission to the California State University, Bakersfield Educational Counseling Program (with concentrations in School Counseling and College Student Affairs). Please give your opinion of the suitability of this applicant for the program according to the following characteristics: *(Mark appropriate description)*.

- | | | | | | | |
|----|--|----------------|------|---------|------|----------|
| 1. | Ability to perform graduate level study | Very Promising | Good | Average | Fair | Doubtful |
| 2. | Potential for leadership in educational counseling | Very Promising | Good | Average | Fair | Doubtful |
| 3. | Potential to apply problem solving and critical thinking strategies | Very Promising | Good | Average | Fair | Doubtful |
| 4. | Potential for maintaining effective relationships with colleagues, students, and community members | Very Promising | Good | Average | Fair | Doubtful |
| 5. | Possession of personality and character traits in keeping with the standards of the profession | Very Promising | Good | Average | Fair | Doubtful |
| 6. | Your overall rating of potential as a candidate for placement in a school counseling or college student affairs capacity | Very Promising | Good | Average | Fair | Doubtful |

How long have you known the applicant and in what capacity: _____

Comments: _____

Name and Position: _____

Address/Phone: _____

Signature: _____ Date: _____

To submit to the portal click the link to the right, thank you. [Recommendation Submittal Portal](#)