

**DEPARTMENT OF REHABILITATION AND DISABILITY STUDIES
APPLICATION FOR ADMISSION
MASTER'S DEGREE IN REHABILITATION COUNSELING**

**Southern University
229 Blanks Hall
Baton Rouge, LA 70813
Phone: 225-771-2667
Fax: 225-771-2293**

Dear Prospective Graduate Student:

Enclosed are the materials required for applying for admission to the graduate program in Rehabilitation Counseling. Please be sure to fully complete the applications and send to the appropriate offices. You may use this as a checklist to ensure that all necessary documents have been submitted.

Please send the following to:
The Graduate School
Southern University
Baton Rouge, Louisiana 70813

1. ___ **Application to the Graduate School**
2. ___ **Official Transcript(s)**
(to be sent from the Registrar's Office(s) of institute(s) of higher education attended)
3. ___ **Graduate Record Examination (GRE) Scores**
(should be send directly from the Educational Testing Service)
4. ___ **Test of English as Foreign Language (TOEFL) Score**
(should be send directly from the Educational Testing Service)

Please send the following to:
Madan M. Kundu, Ph.D., FNRCA, CRC, NCC, LRC
Chair and Professor
Department of Rehabilitation and Disability Studies
229 Blanks Hall, Southern University
Baton Rouge, Louisiana 70813
E-mail: kundusubr@aol.com

5. ___ **Application for Admission to Graduate Program in Rehabilitation Counseling**
6. ___ **A copy of the application to the Graduate School**
7. ___ **Official Transcript(s)**
8. ___ **Copy of GRE scores**
9. ___ **Copy of TOEFL score**
10. ___ **Three Letters of Recommendation on official letterheads**
(at least two should be completed by professors familiar with your academic performance)

The students are admitted only in the Fall Semester. Deadline for the submission of completed application is APRIL 15.

**APPLICATION FOR ADMISSION
MASTER'S DEGREE IN REHABILITATION COUNSELING**

**Southern University
229 Blanks Hall
Baton Rouge, Louisiana 70813**

**Telephone: 225-771-2667
225-771-3020
Fax: 225-771-2293**

Please print or type:

Name: _____ Social Security No: _____
 Last First Middle

Present Address: _____
 Street and Number City State Zip

I may be reached at present address until: _____

Phone: _____ E-mail: _____

Permanent Address: _____
(mailing address) Street and Number City State Zip

Date and Place of Birth: _____
 Date City State

U.S. Citizen: Yes () No () Visa Status: _____

Louisiana Resident: Yes () No () Date of Application: _____

Optional: Gender: _____ Race: _____ Disability: _____

ACADEMIC HISTORY: (include all colleges attended) List most recent first

College	Location Attended	Date	Major Diploma	Degree/ or Expected Recd/Exp	Date Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GRADUATE RECORD EXAMINATION

Date Taken: _____

Verbal**Quantitative****Analytical**

Score: _____

Percentile: _____

If you have not taken GRE, tentative date of taking the examination: _____

Please list the relevant courses you have taken in Rehabilitation, Psychology, Sociology, or closely related areas at the undergraduate(U) or graduate(G) level(s).

Course No. and Title	Institution	Undergraduate (U) Graduate (G)	Credit	Grade

(Attach additional sheet if necessary)

Present Cumulative Grade Point Average: _____ 4 point scale: _____ 5 point scale: _____

OCCUPATIONAL EXPERIENCE (professional, vocational, military, teaching, field work):

Please list the recent one first

Position Title & Description	Agency	Location	Dates

REFERENCE: Please list the names of three professors familiar with your academic/professional work who will provide Letters of Recommendation.

Name & Title	Address, Phone Number, E-mail Address

Signature of Applicant: _____

Date: _____

Please respond to the following questions and limit your comments to the spaces provided.

1. How did you become interested in the area of rehabilitation and what are your career goals? **(No less than 150 type written words)**
2. In what ways do you feel your undergraduate or work experience has prepared you for career in rehabilitation counseling? **(No less than 150 type written words)**

FINANCIAL STATUS

Check the appropriate:

I will be

- ☐ self-supported
☐ supported by spouse
☐ supported by parents
☐ other

I expect to receive support from (list source and approximate amount)

Source	Amount
_____	_____
_____	_____

During your first academic year, how much do you expect to receive in total support from other sources?

Indicate source: _____

Number of dependents (excluding self): _____

How would you rate your ability to attend graduate school **WITHOUT** financial assistance?

- ☐ would be able to attend
☐ might be able to attend
☐ unsure
☐ would probably not be able to attend
☐ would not be able to attend

I certify that the above information is correct to the best of my knowledge.

Signature_____
Date**For information on work-study and student loan contact:**

Financial Aid, P.O. Box 9961, Southern University, Baton Rouge, Louisiana 70813
 Phone: 225-771-2790; Fax: 225-771-5898

For information on graduate assistantship contact:

Dean, Graduate School, Southern University, Baton Rouge, Louisiana 70813
 Phone: 225-771-5390; Toll Free: 888-223-1460; Fax: 225-771-5723