

Master of Counselling (MC) Admission Checklist

Complete this form and enclose it with your application form. Thanks

Applicant's Name: _____

Last

First

Middle

- City University of Seattle Application form (completed, dated and signed)
- Non-refundable application fee of CAD \$50 (cheque, bank draft or money order payable to City University of Seattle or credit card information)
- Official transcripts documenting a bachelor's degree from a recognized institution with 2.75 GPA minimum (1 set in an envelop sealed by the university or universities attended, currently or previously, with official, certified translations where necessary (opened transcripts are not acceptable)
- For applicants who earned their undergraduate degree outside recognized countries (Canada, U.S.A, U.K., N.Z., Australia, Ireland) TOEFL or other proof of English proficiency in sealed envelope
- Current vita/resume
- Three letters of professional reference (City University of Seattle's Recommendation for Admission Forms are available as a format)
- MC background Information questionnaire – see form for details
- Writing sample using outline provided in program description
- Name changes if applicable, include copy of name change documentation (marriage certificate or legal change of name) in addition to a photocopy of a piece of photo ID showing current name.

An interview with the Program Director/Senior Faculty or designee will determine final qualification for admission to the program after all of the above have been submitted.

British Columbia Applicants

Send or Email all documents to:

City University of Seattle, Vancouver BC Site
Attention: MC Admissions Office
789 West Pender Street, Suite 310
Vancouver, BC, V6C 1H2, Canada
VancouverBC@CityU.edu

Calgary Applicants

Send or Email all documents to:

City University of Seattle, Calgary, AB Site
Attention: MC Admissions Office
1300 - 8th Street SW, Suite 630
Calgary, AB, T2R 1B2, Canada
Calgary@cityu.edu

Master of Counselling

Guidelines for writing sample

The ability to write effectively is an important professional skill which is emphasized in graduate education. The application process for the Master of Counselling requires a paper defining your professional goals and addressing relevant past and current experience in support of your becoming a counsellor/psychologist.

The writing sample is an opportunity for you to demonstrate your writing skill and to briefly describe your professional goals and personal values. Reflection on these topics also begins the process of self-exploration that will continue throughout the program.

Please write 1 to 2 pages for each of the main sections listed below. Your 4 to 6 page paper must be word-processed.

1. Professional Goal Statement

- A. State your reasons for wanting to complete a Master's degree in Counselling and why you have chosen to apply to City University's Master of Counselling program.
- B. Briefly describe the optimal qualities that counsellors should possess prior to entering the counselling field, and the extent to which you possess these qualities.
- C. Identify your major learning goals for your master's program, and steps you will take to achieve them.
- D. Describe what possibilities will be made available to you as the result of completing the Master of Counselling program.

2. Personal Experience

- A. Briefly describe one or two important life experiences that have contributed to your identity and your view of the world.
- B. Briefly discuss your most significant personal beliefs and values, and how these beliefs and values will impact your work as a counsellor.

Master of Counselling

Guidelines for writing sample

(continued)

3. Self-Awareness and Commitment

- A. Describe the situational or institutional challenges you might encounter in your Master's program, and identify one or two strategies or strengths you will use to overcome those challenges. Situational and institutional challenges might include time, finances, program requirements, university requirements, etc.
- B. Describe the personal or emotional challenges you might encounter in your Master's program, and identify one or two strategies or strengths you will use to overcome those challenges. Personal and emotional challenges might include unresolved personal issues, personal biases, or blind spots, habits and attitudes, interpersonal difficulties.

4. Support System

- A. Describe your current support system including counselling for yourself, attendance at workshops, participation in support groups, and other means of support.
- B. Outline how you will use and expand this support system throughout your Master's program.

MASTER OF COUNSELLING / RECOMMENDATION FOR ADMISSION

Dear Referee: Thank you for your contribution to the admission process. The applicant is seeking admission to the Master of Counselling Program at City University of Seattle in British Columbia / Alberta. Your thoughtful appraisal of the candidate's abilities and potential is helpful in reaching a decision regarding admission.

We are interested in learning about the candidate's potential, achievements and readiness for graduate education. You may use the form below to communicate your assessment, or you may wish to send a letter of reference indicating your experience with the candidate, or a combination of the form and the letter is also welcome. Of particular interest is your opinion of the candidate's suitability to fulfill the role of professional counsellor.

Name of Applicant _____

Address _____

City _____ **Province** _____

Postal Code _____

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY THE PERSON PROVIDING REFERENCE

The applicant is seeking admission to the Master of Counselling Program at City University of Seattle in British Columbia / Alberta. Your thoughtful appraisal of the candidate's abilities and potential is helpful in reaching a decision regarding admission. We are interested in learning about the candidate's professional promise.

Please describe the candidate's performance by checking the appropriate box opposite each characteristic.

CHARACTERISTIC	HIGHEST 25%	MID 50%		LOWEST 25%	
	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Oral communication skills					
Written communication skills					
Relationship skills					
Potential for graduate level study					
Relationship with peers, subordinates, supervisors					
Participation in educational opportunities					
Ability to communicate at an emotional level					
Ability to assimilate interpersonal skills					
Capacity for self-direction and commitment					

Please see reverse side for additional questions

MASTER OF COUNSELLING / RECOMMENDATION FOR ADMISSION

Please use this space to provide comments about the applicant's qualifications for and commitment to graduate study.

How long have you known the candidate and in what capacity?

What is your overall assessment of the applicant's ability to complete a graduate level study?

_____ Highly recommend _____ Recommend with reservation
_____ Recommend without reservation _____ Do not recommend

Name of Respondent _____

Address _____

Position/Title _____ **Daytime Phone** _____

Email _____

Signature _____ **Date** _____

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Attention: MC Admissions Office
1300 - 8th Street SW, Suite 630
Calgary, AB, T2R 1B2, Canada
Calgary@cityu.edu

Master of Counselling (MC) Background Information Questionnaire

Please complete the following questions and sign the affidavit. Any falsification, deliberate misrepresentation and/or omission of a material fact can be grounds for denial of admission or removal from the program. All required documentation requested below must accompany this form. All questions must be answered. If additional space is needed, attach on a separate sheet of paper. **PLEASE PRINT CLEARLY OR TYPE. Applicants who have history of convictions of criminal misdemeanors and/or felonies may be denied acceptance to the MC program.**

Section I: Personal Information

Student Name:	Social Insurance Number:
Mailing Address:	
Phone (Day):	Phone (Evening):
Date of Birth:	Place of Birth:
All former names and dates of usage: (Use separate sheet of paper if necessary.)	

Section II: Professional Information

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you now have or have you ever had professional certification or licensure as a counsellor, psychologist or mental health worker in any province or country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you currently or have you ever been the subject of any investigation or inquiry by any professional certification or licensing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever had any adverse action taken on you by any professional certification or license? (e.g., letters of warning, reprimands, suspensions, revocation, voluntary surrenders, or voidance) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been denied or otherwise rejected for cause regarding professional certification or licensing? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever withdrawn any application for any professional certification or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever had any professional certification or license lapse and / or expire? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been dismissed, discharged or terminated from any employment? |

IN CANADA

YES **NO**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever resigned from or otherwise left any employment while allegations of misconduct were pending? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever been disciplined by a past or current employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you currently or have you ever been the subject of any investigation or inquiry by an employer? |

Section III: Criminal Information
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YES **NO**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been arrested for any crime or violation of the law? (Note: Even if your case was dismissed or your record was sealed, you must answer this question in the affirmative.)
You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been finger printed as a result of an arrest for violation of the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been convicted of any crime or violation of the law, including pleas of guilty or no contest and/or proceedings in which a sentence has been suspended or deferred?
You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any province or country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If you answer is "yes", identify the agency and location (contact person, street address, city, province/state, country). |

If you answered "yes" to questions 1-5, state the following on a separate sheet of paper:

- a. The nature of the offense charge, or warrant;
- b. The date of the arrest;
- c. The current status or final disposition.

Section IV: Behavioural Information
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YES **NO**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever exhibited any behaviour or conduct that might negatively impact your ability to serve in a role which requires a certificate, credentials or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever engaged in any conduct that resulted in the damage or destruction of property?
(Both real and/or personal property owned by you or another person.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever threatened to damage or destroy property?
(Both real and/or personal property owned by you or another person.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever threatened to do physical harm to any person(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have a medical condition which in any way impairs or limits your ability to serve as a counsellor with reasonable skill and safety? |

IN CANADA

YES **NO**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does your use of chemical substance(s) in any way impair or limit your ability to serve as a counsellor with reasonable skill and safety? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the impairments or limitations caused by your medical condition(s) and/or substance abuse disclosed in question 6 and/or 7, reduced or ameliorated because you received ongoing treatment (with or without medications) or participated in a monitoring program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you currently use illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you used illegal drugs in the last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. If you have used illegal drugs in the last year, have you successfully completed or are you participating in a supervised rehabilitation program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever been found in any dependency or domestic relation matter to have physically abused any person(s)? |

If you answered “yes” to questions 1-13, please give a complete explanation on a separate sheet of paper.

Section V: Education and Training in Counselling

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever enrolled in a graduate course that was related to counselling? If you answer “yes”, provide name and location of institution, dates of attendance, name of courses and whether or not you completed the course. |
|--------------------------|--------------------------|--|

On a separate sheet, list all entities, companies, institutions, partnerships for which you have ever been employed that are related in any way to the counselling profession.

Section VI: Affidavit

I, _____, certify (or declare) that the information provided in this background information is true and correct. I certify that I have answered this application truthfully and completely. In the completion of this application, any falsification or deliberate misrepresentation, or omission of material facts can be grounds for denial of admission or removal from the program. I authorize City University of Seattle to conduct a thorough investigation of any and all portions of the information I have in this document.

Signature: _____

Date: _____

City/State: _____