

Questions? 802-626-6413 | 1-800-225-1998
admissions@lyndonstate.edu | LyndonState.edu



Application for Graduate Program in Mental Health Counseling

To apply for admission...

Please mail
all application
materials to:

**Office of Admissions
Lyndon State College
PO Box 919
Lyndonville, VT 05851**

Application Checklist

- Official copies of transcripts of all undergraduate and graduate work.
- A 1000 word personal statement that addresses the following areas:
 - What experiences have shaped your current interest in mental health counseling? What are

your professional goals, and how do you envision this degree program furthering these goals?

- What personal qualities, as well as professional and academic skills, will contribute to your success in the program and your work as a mental health professional?
- Are there any academic or life challenges that will impact your graduate work?

- Three letters of recommendation from professionals knowledgeable about your professional commitment, including at least one academic recommendation and one from a supervisor.
- Curriculum vitae or resumé.

A formal interview is required for admission into graduate programs at Lyndon State College. An admissions counselor will contact you after we receive your application to set up an appointment.

Semester applying for: Fall 2018

Biographical Information

Name _____ Preferred Title: Mr. Mrs. Ms.
LAST FIRST MIDDLE

If you have academic records under another name, please indicate _____

Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (work) _____ (cell) _____

E-mail _____

Social Security Number* _____ - _____ - _____ Date of Birth* _____ - _____ - _____ Gender Identity: _____
(required to process application) *Failure to provide this information may limit your ability to access your account online.

State of legal residence _____ City/Town of Birth _____ Eligible for VA benefits? Yes No

Are you a U.S. citizen? Yes No If no, country of citizenship _____

If you are a Vermont resident, have you maintained legal residence in Vermont for the past 12 months? Yes No

Have you ever been convicted of or pled guilty to a crime? No Yes (Please attach an explanation on a separate sheet of paper)

A Note on the Collection of Racial and Ethnic Information

Colleges and Universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college community, to describe the racial/ethnic backgrounds of our students and employees. In order to respond accurately to these requests, we ask that you provide us with the following information.

Please answer **both** questions.

- 1) Are you Hispanic/Latino? Yes No
- 2) Select **one or more** of the following to describe your racial background:
 - American Indian or Alaskan Native Asian
 - Black or African American White
 - Native Hawaiian or Pacific Islander

NAME

Academic History

Colleges and/or Universities attended (Please begin with your most recent enrollment). **Official transcripts** must be sent directly to the **Admissions Office** by the institution where credits were earned.

| Name of College University | Address (City, State, Zip) | Dates Attended | Degree | Year/Date Received |
|----------------------------|----------------------------|----------------|--------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Please include resumé or curriculum vitae.

I Hereby Declare

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation at a Vermont State College institution. I certify that the above statements are correct and complete.

Applicant's Signature _____ Date _____

Information: Credits earned at the Vermont State Colleges are transferable to other colleges or universities only at the discretion of the receiving institution. Information provided on the application form will be released to other Vermont State Colleges for admissions purposes. Applicants who have any disability (physical or learning) or who have limited English proficiency are encouraged to contact the Admissions Office or academic advisor so that special accommodations can be made to assist students through the admissions process and/or in the classroom.

Confidentiality of Admissions Records: The material submitted in support of your application will be kept confidential by the Office of Admissions. It will not be released without the approval of the Dean of Admissions, and then only when necessary for bona fide educational purposes. Excepting transcript information and this application form, no part of your admissions file will become part of your permanent educational record at LSC. Any letters of recommendation you wish to submit will not be included in your permanent record.

Non-Discrimination, Equal Opportunity and Affirmative Action Statement: Qualified students are recruited for, admitted to and participate in all college programs without discrimination on the basis of race, color, sex, sexual orientation, religion, creed, national origin, age, veteran status, or disability. LSC will provide reasonable

accommodations to create equal opportunity for students with known disabilities. Please contact the Lyndon State College Dean of Admissions if auxiliary aid or service is needed to apply for admission.

The U.S. Department of Education requires colleges to make available annual statistics related to any campus crimes and our students' continuation rates. Please contact our Admissions Office for a copy of the information.

Please be advised: the VSC maintains a single course database, student records system and official transcript for all VSC schools (CCV, CSC, JSC, LSC, and VTC). If you are a student at one VSC college and are applying to another VSC college, your official transcript will be reviewed electronically by the admissions office at the VSC College to which you are applying. By signing above, you grant permission for an electronic review of your official VSC transcript by the admissions office at the VSC College to which you are applying.

The Vermont State College System maintains a single student information system. Information and documentation provided by an applicant or a student, including high school and college transcripts, may be shared with any of the Vermont State Colleges to which an applicant or student applies or otherwise directs the information to be sent, or as may otherwise be permitted by law.

NVU – Lyndon Graduate Program in Clinical Mental Health Counseling

Waiver Form for Letters of Recommendation

To the Applicant: Please print your name below and then sign and date one of the two statements. Then give this form to your recommender with an envelope addressed to the admissions office.

Applicant's Name (print): _____

I waive my right of access to this recommendation letter and understand that I will not be able to see it under any circumstances.

Signature: _____ Date: _____

I do not waive my right of access to this recommendation letter.

Signature: _____ Date: _____

To the Person Writing This Recommendation Letter: The person named above is applying to the graduate program in clinical mental health counseling at Northern Vermont University – Lyndon campus. Letters of recommendation are required as part of the application and are of great importance for application evaluation. We appreciate your thoughtful and honest comments on this applicant's abilities. If you have questions, you may contact our admissions department at 1-800-225-1998 or admissions@lyndonstate.edu. The review of this applicant's file cannot begin until your letter is received, so we thank you in advance for your prompt response.

We request that the following basic contact information be included in your letter:

1.) Your name; 2.) Your title; 3.) Your university or company; 4.) Your mailing address, telephone number, and an email address at which we may reach you.

The letter of recommendation should address the following:

- How long you have known the applicant and in what capacity?
- Your evaluation of the applicant's skills and aptitudes (such as ability for self-reflection, working with diverse populations, analytical and interpersonal skills, oral and written abilities).
- Your evaluation of the applicant's character traits (such as intellectual curiosity, reliability, motivation, initiative, self-discipline and honesty).
- Your overall assessment of the applicant's ability to do graduate level work and become an effective mental health counselor.

Your letter should be dated and signed by you and enclosed in an envelope with this form. The envelope, containing your original letter and this form, should be sealed, with your name written on the back of the envelope (across the seal).

Your letter may be returned to the applicant for submission with the application or mailed to:
Lyndon State College, Admissions Office, PO Box 919, Lyndonville, VT 05851

Thank you!