Thank you for your interest in the CU's School of Education & Human Development. This packet includes all the information you need to apply for the School Counselor Endorsement program. Use the checklist below to ensure that you have a complete graduate application packet. **NOTE: Please include a valid email address with your application. Academic Services uses email as its official means of communication. All communication concerning your application, including admission or denial decisions, will be sent to your email address.**

**School Counselor Endorsement Application Checklist**

**Admissions deadline: March 15th for Fall Admission Consideration**

1. **Graduate Application Part 1 and In-State Tuition Classification form** (Colorado residents must complete both).

2. **$50.00 application fee** (check or money order made out to CU Denver).

3. **Written Statement** (see guidelines).

4. **Two letters of recommendation**. Please provide recommender with the recommendation form. The recommendation form and letter should be returned to you in the original, unopened envelope to include in your complete application packet. Recommendations should not be more than two years old.

5. **Official transcripts**. Transcripts are to be issued to you and should be submitted together in the original, unopened envelope with your application packet. If you have earned your Graduate Degree at CU Denver, you do not need to submit transcripts as we have access to these internally.

6. **This checklist**. Submit your application in a manila envelope as one complete packet in order of this checklist. **Please postmark your application by the deadline. To send your application by FedEx or a similar service, please call to obtain our ground address.**

**Submit your complete application to:**

**Mailing address:**
University of Colorado Denver  
School of Education & Human Development  
Attn: School Counselor Endorsement  
P.O. Box 173364, CB 106  
Denver, CO 80217-3364

**Physical address:**
University of Colorado Denver  
School of Education & Human Development  
1380 Lawrence St.  
Denver, CO 80204
University of Colorado Application for Graduate Admission Part 1

Type or use ink and press hand. You are making three copies. Full Legal Name (do not use nicknames or initials): ____________________________

Social Security No.

Names under which you were last registered or credential might be submitted, if different than above: ____________________________________________

Addresses and telephone numbers (notify both Admissions and the department promptly if these change):

Permanent: 

No. and Street or P.O. Box: ____________________________ City: ____________________________ State: ____________________________ Zip Code: ____________________________ Area Code and Phone Number: ____________________________

Making: 

No. and Street or P.O. Box: ____________________________ City: ____________________________ State: ____________________________ Zip Code: ____________________________ Area Code and Phone Number: ____________________________

Next of Kin: 

Name: ____________________________________________ Relationship: ____________________________ No. and Street or P.O. Box: ____________________________ City: ____________________________ State: ____________________________ Zip Code: ____________________________ Area Code and Phone Number: ____________________________

E-Mail Address (optional): ____________________________________________

Birth Date: ______/____/____

Birthplace: ______________

City: ____________________________ State: ____________________________ Country: ____________________________ Sex: ______

Ethnicity: (for compliance with the 1964 Civil Rights Act)

☐ African American/Black, not of Hispanic origin

☐ Hispanic, Chicano, Mexican American, or Latino

☐ Native American or Alaskan Native

☐ White, not of Hispanic origin

☐ Other, not of Hispanic origin

☐ Asian or Pacific Islander

☐ Other

☐ Multi-ethnic: Indicate below either ethnic or racial terms that further or better describe your ethnic background

Country of Citizenship: ____________________________________________

If not U.S. Citizen, type of visa: ____________________________________________

Non-U.S. Citizen on Permanent Status: Alien Registration No. ______________ Date of Issue: ______/____/____

For which degree are you applying? ____________________________

Intended Major Dept.

(See instructions): ____________________________________________

Special Field: ____________________________________________

Have you ever applied for graduate status at the University of Colorado? Yes ☐ No ☐ When? ______________

To any other CU campus? Yes ☐ No ☐ When? ______________ What department? ______________

Admission type (check one): ☐ First time in a master's program ☐ Previously enrolled in a master's program ☐ First time in a doctoral program ☐ Previously enrolled in a doctoral program

For which term are you applying? Spring ☐ Summer ☐ Fall ☐ Year ______________

List in chronological order all undergraduate and postbaccalaureate schools attended or being attended, including the University of Colorado, indicate whether semester (S) or quarter (Q) hours are used.すご(1) CALCULATE YOUR GRADE POINT AVERAGE. Consider A as 4 points, B as 3, C as 2, D as 1, F as 0. (Your exact average will be calculated before final action is taken by this Graduate School.)

<table>
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<tr>
<th>Undergraduate</th>
<th>School Name, City, and State</th>
<th>Zip Code (Required)</th>
<th>Dates of Attendance</th>
<th>Degree &amp; Date Conferred</th>
<th>Overalls</th>
<th>Grade Point Average</th>
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<th>Zip Code (Required)</th>
<th>Dates of Attendance</th>
<th>Degree &amp; Date Conferred</th>
<th>Overalls</th>
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List below all courses in progress including extension and correspondence courses:

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<th>School Name</th>
<th>Credit Hours</th>
<th>Estimated Grade</th>
<th>(Continued) Course Title and Number</th>
<th>Credit Hours</th>
<th>Estimated Grade</th>
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Last attendance at University of Colorado: Semester: ____________________________ Year: ____________________________ School: ______________

Have you ever received credit for any work taken at the University of Colorado? Yes ☐ No ☐ Campus or Location: ____________________________

Have you ever been convicted of a felony? Yes ☐ No ☐

Are you or have you ever been in the Armed Services of the United States? Yes ☐ No ☐

If yes, attach an explanation.

I have read the instructions, and hereby certify that to the best of my knowledge the information furnished on this form is true and complete. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal.

Date: ________________

Applicant's Signature: ____________________________

APPLICANT/DO NOT WRITE BELOW THIS LINE

☐ Admit regular for degree major code

☐ Recommend admit provisional for degree major code

(See attached provisional degree form.)

☐ Refuse admission.

Signature of Department Officer: ____________________________

Department: ____________________________ Date: ______/____/____

[Signature]

[Department]
COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Please carefully answer all questions. If appropriate, indicate or check NA. Failure to answer a question may result in your being misclassified or may cause delays that could affect your chance for admission. Month and year are sufficient for dates more than two years past. In addition to your own information, if you will not be 23 years of age on the first day of classes for the term for which you are applying and you are not married, please give parent or court-appointed guardian information. If you are married, regardless of your age, please give spouse information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of the Registrar and must be submitted to that office before registration.

Student's Name
Social Security No.

Permanent Address
Age
Birth Date

Indicate the term for which you are claiming in-state status. Term

Year

1. Are you a citizen of the United States? Yes [ ] No [ ]
If not, are you a permanent resident? Yes [ ] No [ ]

2. List your most recent employers:
Employer #1
Employer #2

3. Did you graduate from a Colorado high school? Yes [ ] No [ ]
Name of School

4. List all institutions of higher education you have attended:
Inst. #1
Inst. #2
Inst. #3
Inst. #4
Inst. #5

5. Parent/guardian/spouse name, relationship, address, and employment:
Name
Relationship. [ ] Parent [ ] Guardian [ ] Spouse

Street Address or P.O. Box

City

State

Dates

6. Dates of continuous physical residence in Colorado (mo./day/yr.)

7. Dates of extended absences from Colorado of more than two months in duration within the past two years (mo./day/yr.)

8. Dates of employment in Colorado (mo./day/yr.)

9. Last exact years for which personal resident Colorado income tax returns were filed

10. Dates of active duty military service (mo./day/yr.)

11. Date of your marriage, if applicable (mo./day/yr.)

12. Dates you or your family member have had a Colorado driver license (mo./day/yr.)

13. Last exact years of Colorado motor vehicle registration

14. Give state in which currently registered to vote

15. Dates of ownership of a home in Colorado that is your family member's primary residence (mo./day/yr.)

16. Are your parents separated or divorced? [ ] Yes [ ] No

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

__________________________
Signature

Important—In-State Tuition Classification Application
School Counseling Endorsement
Written Statement Guidelines

As an applicant to the endorsement program, you are required to include a letter of intent that describes your interest, your special strengths, and some goals that you hope to achieve through your work in the program. The letter of intent should be 2-3 typed written pages. Please include the following.

- Address the letter to the Program Faculty of the program you are applying for.
- Briefly introduce yourself and describe your professional activities since receiving your Master’s degree in Counseling.
- Outline some core values and beliefs and how they will support your success in the program.
- Describe your learning goals – what is it you hope to learn from the program, and how you hope to use that new knowledge.
- Give an indication of your career plans and the contributions you hope to make after you complete the endorsement program.

Faculty will evaluate the statement using the following criteria:

- Your writing skills – fluency, grammar, mechanics, organization, and style
- Your commitment to core values and to professional growth and development
University of Colorado Denver
School of Education & Human Development

REQUEST FOR RECOMMENDATION
One form should be given to each recommender.

<table>
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<th>Last (family) Name</th>
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<th>First Name</th>
<th></th>
<th>Middle</th>
<th></th>
<th>Maiden Name (optional)</th>
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is applying for admission to the **UC Denver School of Education & Human Development** and has listed you as a reference on his or her application.

I. To the applicant: Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right to review.

You have the option of (1) signing the following waiver or (2) declining to do so.

1. I expressly waive any rights I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

   Signature ______________________ Date ________________

2. I do not agree to the waiver above.

   Signature ______________________ Date ________________

II. To the recommender: A **typed letter of recommendation must be submitted** on behalf of the applicant. This form alone will not be sufficient. Providing a rating below is optional, however, we request that you return the signed form with your letter of recommendation. Please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the applicant."

We solicit your candid evaluation of the applicant's preparation for graduate study, range of abilities and accomplishments, and creative and intellectual promise. On your own stationery, please summarize your opinion of (a) the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts; (b) the applicant's scholarly or creative potential and promise for advanced and original work; (c) those aspects of the applicant's personality and character significant to graduate study; and (d) the applicant's special skills and experience where demonstrated in an art, vocation, or profession. We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe him or her.

III. Summary Evaluation

Compared with the _____ students you have known in the past _____ years in his or her field at approximately the same level of training, this student would rank as indicated on the scales below, when evaluated for:

a. Scholarly or creative achievement

   | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | Percentile
   |---|----|----|----|----|----|----|----|----|----|----|----|

b. Promise or probability of success

   | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | Percentile
   |---|----|----|----|----|----|----|----|----|----|----|----|

Note: The educational level of the representative group with whom the applicant is compared is:

_____ College Seniors   _____ First-Year Graduate Students   _____ Intermediate-Year Graduate Students

_____ Terminal-Year Graduate Students   _____ Other (specify)

Recommender's Signature ______________________ Date ________________

Name Printed or Typed ______________________ Date ________________

Address ______________________

Recommender, Please return the form and letter TO THE STUDENT, in a sealed envelope.
REQUEST FOR RECOMMENDATION
One form should be given to each recommender.

Last (family) Name, First Name Middle Maiden Name (optional)

is applying for admission to the UC Denver School of Education & Human Development and has listed you as a reference on his or her application.

I. To the applicant: Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right to review.
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   Signature ___________________________ Date ___________________________

◊ 2. I do not agree to the waiver above.
   Signature ___________________________ Date ___________________________

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   0___ 10___ 20___ 30___ 40___ 50___ 60___ 70___ 80___ 90___ 100___ Percentile

b. Promise or probability of success

   0___ 10___ 20___ 30___ 40___ 50___ 60___ 70___ 80___ 90___ 100___ Percentile

Note: The educational level of the representative group with whom the applicant is compared is:
_ College Seniors  _ First-Year Graduate Students  _ Intermediate-Year Graduate Students
_ Terminal-Year Graduate Students  _ Other (specify)

Recommender’s Signature ___________________________ Date ___________________________

Name Printed or Typed ___________________________ Date ___________________________

Address ________________________________

Recommender, Please return the form and letter TO THE STUDENT, in a sealed envelope.