

DEPARTMENT OF REHABILITATION COUNSELING AND DISABILITY STUDIES

GRADUATE PROGRAMS APPLICATION INFORMATION

Submit Applications To:

Office of Graduate Admissions 6700 North Martin Luther King Ave. Oklahoma City, Oklahoma 73105

> Phone: (405) 530-7531 Fax: (405) 962-1638 www.langston.edu/rehab

LANGSTON UNIVERSITY DEPARTMENT OF REHABILITATION COUNSELING AND DISABILITY STUDIES

GRADUATE PROGRAMS

Academic Preparation

Students must have completed requirements for a bachelor's degree at an accredited college or university with a minimum grade point average (GPA) of 2.5 (on a scale of 4.0 in which 4.0 is equivalent to an "A" or a minimum GPA of 3.0 in the undergraduate major. Students with a GPA below 2.5 may be admitted on a probationary basis. After completing 15 credit hours of graduate work with a 3.0 average and no grade having been below "C", the student may apply for regular graduate status. The application will be submitted to and approved by the Dean of Graduate Programs.

Graduate Admission Application and Documentation Requirements

Special Note: We encourage you to utilized items below as a "check list" to ensure you have completed all required aspects of your graduate admission packet before submission.

- Completed Graduate Application for Admission form
- Have requested or have attached three (3) sealed Recommendation Assessments (Recommendations may come from faculty or academic advisors or individuals who can comment on professional ability and potential for success of applicant) to be submitted to the Office of Graduate Admissions.
- Submit an autobiographical statement with a minimum of 500 words (maximum of 1,000 words) following guidelines on the Autobiographical Statement Form.
- Have taken Graduate Record Examination (GRE) (Submit GRE scores to the Office of Graduate Admissions)
- Attach professional resume.
- Request official transcript(s) from the degree conferring college and/ or university to be MAILED directly to the Office of Graduate Admissions.

Attach a non-refundable application fee \$25.00

Scholarships and Assistantships

Langston University is committed to making every effort to assist students who are seeking an education at LU. Each student may be eligible for some form of financial aid. Graduate scholarships and assistantships are available for qualified new full-time students (student taking nine credit hours or more). Contact the Office of Graduate Admissions for more information.

Comprehensive Examination

A written comprehensive examination is required of all graduate students prior to completion of the degree program.

Course numbers, titles, and requirements are subject to change without notification. Check with the academic advisor if you have any questions.

Langston University, in compliance with Title IV and VII of the Civil Rights Act of 1964. Executive Order 111246 as amended. Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990 and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services.

If you would like additional information, please contact:

LANGSTON UNIVERSITY Office of Graduate Admissions 6700 N. Martin Luther King Ave. Oklahoma City, Oklahoma 73105 (405) 530-7531 - Telephone (405) 962-1638 - Fax Website: www.langston.edu/rehab

LANGSTON UNIVERSITY DEPARTMENT OF REHABILITATION COUNSELING AND DISABILITY STUDIES APPLICATION FOR ADMISSION TO GRADUATE PROGRAMS

INSTRUCTIONS: Please fill in blanks electronically or print in ink. DO NOT USE PENCIL

Attention: Before printing please be sure you have: (1) answered all questions completely; (2) verified your social security number. Special Note: After printing, make sure you signed and dated this application and all supplemental documentation. Attach transcripts and all other required documents

Term/Ve		Langston Campus _	Okianom	a City Campus	Tulsa Campus	
101111/10	ear Applying for Entry	: Fall, August 20	Spring, J	anuary 20	Summer, June	20
1.	Applicant's Full Leg	al Name	Last Name	First		Middle
2.	Other Names Under Your Records May	Appear	Last Name	First		Middle
3.	Social Security Num	ber	4. E-Mail Add	lress		
5.	Are you a veteran?	Yes No	If <u>yes,</u> wl	nat is your discharge o	date?	
6.	Gender: Male	Female	7. Date of Birth	Month Day	Year	
8.	Place of BirthCi	ty State				
9.	Race/Ethnic Backgro	ound: Africa				White
10	_	ey Are you a citizen of	f the United States?	YesNo		
	ave permanent resider		No If <u>no,</u> I	olease complete an int		plication. If you have
permane	ent resident allen status	s, please include a pho	tocopy of your regis	tration card (front an	d back).	
Are you a	an Oklahoma resident	? Yes No	If <u>yes,</u> how long?		In what county?	· · · · · · · · · · · · · · · · · · ·
Are you a	an Oklahoma resident <u>e not</u> an Oklahoma res	? YesNo	If <u>yes,</u> how long?		In what county?	
Are you a	an Oklahoma resident' <u>e not</u> an Oklahoma res Permanent Mailing <i>2</i>	? YesNosident, in what state an AdressNumber_S	If <u>yes,</u> how long? re you a resident? Street	City	In what county?	
Are you a	an Oklahoma resident' <u>e not</u> an Oklahoma res Permanent Mailing <i>2</i>	? YesNosident, in what state an	If <u>yes,</u> how long? re you a resident? Street	City	In what county?	
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Are you are 11.	an Oklahoma resident' e not an Oklahoma res Permanent Mailing A Home Phone Numbe	? YesNo sident, in what state and Adress Number State and Adress Number State and Adress St Name	If yes, how long?	City Vork/Cell NumberA	In what county? State rea Code	Zip Code Number Phone Number
Are you are 11.	an Oklahoma resident e not an Oklahoma res Permanent Mailing A Home Phone Numbe Next of Kin	? YesNo sident, in what state and Adress Number State and Adress	If yes, how long? re you a resident? Street 13. V Number First	City Work/Cell Number All Middle City	In what county? State rea Code Relationship	Zip Code Number Phone Number Zip Code
Are you a If you are 11. 12. 14.	an Oklahoma resident' e not an Oklahoma res Permanent Mailing A Home Phone Numbe Next of Kin	? YesNo sident, in what state and Adress Number State and Adress	If yes, how long? re you a resident? Street 13. V Number First	City Vork/Cell Number Al Middle City	State State Relationship State	Zip Code Number Phone Number Zip Code
Are you are 11. 12. 14. 15.	an Oklahoma resident' e not an Oklahoma res Permanent Mailing A Home Phone Numbe Next of Kin	? YesNo sident, in what state and AdressNumber Stare Area Code st Name KinNumber Stare Area of Contend Langston Universe	If yes, how long?	City Vork/Cell NumberA Middle City	In what county? State rea Code Relationship State n did you last attend?	Zip Code Number Phone Number Zip Code

	Satisfy Professional Competencies	i)			V	ocational E	valuation	and Work	Adjustment(VF	CWA)
21.	Have you taken the GRE? Yes	No	If <u>yes,</u> dat	e GRE tak	en? Month		Day		Year	
		If <u>no.</u> da	ate your plan	to take GI	RE?					
						Month	Day	Year		
22.	Are you currently on probation fro	m any college o	or university	?		Yes		No	_	
23.	Have you ever been suspended or e	xpelled from a	ny college or	university?	•	Yes	_	No	_	
24.	Have you ever been convicted of a Note: If the answer is <u>yes</u> to questions 2 additional paper.		include an e	explanation	of the cir	Yes		No plication on	_	
25.	Have you applied for Financial Aid	1? Yes I	No	If <u>no</u> , wou	ld you lik	ke informat	tion sent t	o you? Yes	No	_
26.	Please check the box(es) indicating	the information	n you would	like sent to	you:					
	Graduate Assistantship	Fellowship	s/Scholarshi	ps	*The Fre	ee Applicat	tion for Fe	ederal Stude	nt Aid	
	Teaching Assistantship			-	,	A) can be a		website		
subn	List all colleges and universities, at in order of attendance (most recently atte nit with application. You must submit of ust 1988, you must submit a final high sch	ended first). If s ficial transcript	sufficient spa ts of EACH c	ace is not pi college/univ	ovided, p ersity att	olease list a ended, ever	dditional n if no cre	dit was earn	ied. If you star	ted college after
Nam	e of College/Address/City/State		Eaunad	Credits	Degree	,	Dates At		(GPA
			Earned							
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Plea	se attach a list with the application if ther	e is not enough	space provi	ded.						
	nired of All Applicants The signature below, I certify that:									
2. I tra 3. I 4. I	he information provided above is comple understand that Langston University req nscripts are sent directly to Langston Un authorize any college or university I have understand that by withholding informat enrollment at Langston Univers authorize the Graduate Programs Admis transcripts, recommendations, and	uires official tra iversity. attended to fur tion requested in ity. sion Committee	anscripts fro rnish transcr n this applica e to discuss in	m EACH c ripts and an ation or giv	ollege I h y other ii ing false i pertainir	nformation information	as reques	sted by Lang e ineligible f	gston Universit or admission to	<u>v.</u> , or continued
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~	Signature	ب	Print Name					ite		
docu	fully review your application to determin ments, and appropriate application fee (S ication fee to the Office of Graduate Adm	\$25 check or mo	oney order) v	will delay p						
	Dan		n University				Chudias			

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AUTOBIOGRAPHICAL STATEMENT

Applicant's Name:
Social Security Number:
Graduate Program of Interest:
Instruction to Applicant: Please complete an autobiographical statement that describes why you want to pursue graduate (professional) education at Langston University in the degree program of interest. Your thoughts should be well organized, well written and convey: (a) why you want to attend Graduate School; (b) why did you chose Langston University to pursue your graduate degree; (c) why have you chosen this academic discipline; (d) what you have selected as a career objective; and (e) the extent of your dedication and commitment towards your academic and professional success. The statement should be in narrative form and should be a minimum of 500 words, not to exceed 1,000 words. The composition of the essay must be original and must not be edited by anyone other than the applicant. The statement must be typed and included with the application at the time the application is submitted. Please sign the following and submit this document with the autobiographical statement.
I,
Applicant's Signature Date
Print Full Name

Langston University, in compliance with Title IV and VII of the Civil Rights Act of 1964, Executive Order 111246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990 and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services.



DEPARTMENT OF REHABILITATION COUNSELING AND DISABILITY STUDIES GRADUATE PROGRAMS

RECOMMENDATION ASSESSMENT OF APPLICANT

To The Applicant: Please type or Print					
Name:					
Last	First			Middle	
Address:					
Number/Street	City			Stat	te/Zip Code
Telephone:					
Home			Work/Cell		
records, including letters of recommendation	on. However,	, we invite you, bu	it do not require	e you, to sign the	following waiver.
Student Signature				Date	
To The Individual Providing the R Thank you for assisting the graduate one of our Graduate Programs. 1. How long have you known the app	nte faculty in We would	n evaluating the appreciate your	sincere assess	ment of the app	olicant.
2. A letter of recommendation descri Included as a supplement to this form, and	bing specifi	c qualities or tal	lents of the ind	lividual may be	
3. Using the qualities listed below, ho	w would yo	u rate the appli	cant on the fol	lowing traits?	
	Poor	Average	Good	Outstanding	Unable to Rate
Academic Performance/Potential					
Personal Appearance					
Motivation/Career Goals					
Leadership Skills					
Interpersonal Skills					
Verbal Skills					
Writing Skills					
Quantitative Skills					
Occupational Background/Related Experience					

demic Performance	Top 10%	Top 25%	Top 50%	Lower 50%
b Performance	Superior	Above Average	Average	Below Average
b i ci ioi mance	Superior	Above Average	Average	Below Average
	trengths and weakn cially in the chosen f	esses you think may affe field.	ct the applicant's pe	erformance in
Evaluation Summ	ary (Please check th	ie appropriate response)	:	
_ I strongly recomn		or admission to the Grad		feel the applicant
_ I strongly recomn as the potential to b	nend the applicant f ee an outstanding gr	For admission to the Graduate student.	luate Program and	
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