Thank you for your interest in graduate study at St. Lawrence University. Applying to graduate school is an important step and we look forward to working with you throughout the application process. **Please return this completed application to:**
Office of Graduate Studies
Atwood Hall, Rm 20
23 Romoda Dr.
Canton, NY 13617
315-229-5061 / (315) 229-7423 (fax)
9:00 a.m. – 4:30 p.m. EST, weekdays

**Application Fee:** $50.00 – Made payable to St. Lawrence University

**Application Deadlines:**
- Spring Admission – January 10
- Summer Admission – May 1
- Fall Admission – August 15

**NOTE:** Mental Health Counseling and School Counseling Programs accept applications for Fall admission only.

**Application Checklist:**
(The following items **must** be submitted along with the completed application form in order to be considered for admission.)

**General Studies Program:**
- Official transcripts of all prior undergraduate and graduate work.
- A two-page writing sample describing your background, your reason for applying to this program, and your goals in the profession.
- Three current letters of recommendation.
- A completed immunization form.

**Counseling and Human Development Programs & Mental Health Counseling Program:**
- Official transcripts of all prior undergraduate and graduate work.
- A personal statement for admission consisting of at least 2 pages. (See page 6 of this application).
- Three current letters of recommendation.
- A completed immunization form.

**Educational Leadership Program & SBL Satellite Cohort:**
- Official transcripts of all prior undergraduate and graduate work.
- A personal statement for admission consisting of at least 5 pages. (See page 6 of this application).
- Three current letters of recommendation.
- A completed immunization form.

**C.A.S. in Educational Leadership applicants must also include:**
- A letter of recommendation from:
  *A practicing school building or district administrator.
  *An individual with first-hand knowledge of your professional competence.
  *An individual who has knowledge of your academic competence.
- Evidence of a permanent or professional certificate in classroom teaching or pupil personnel service.
- Evidence of satisfactory completion of three years of educational work in a public school.

**NOTE:** Students completing Part I of the combined program in educational leadership will **NOT** receive the C.A.S. until they complete Part II.
Personal Information

Last ___________________________ First ___________________________ M.I. ___________________________
Social Security No. ___________________________ Date of Birth mm/dd/yy ___________________________
Country of Birth ___________________________ Country of Citizenship ___________________________

Email Address ___________________________

Home Address ___________________________

Street ___________________________ City ___________________________ State/Province ___________________________ Zip/Postal Code ___________________________
Home Phone ___________________________ Cell Phone ___________________________ Work Phone ___________________________

Mailing Address (if different) ___________________________

Street ___________________________ City ___________________________ State/Province ___________________________ Zip/Postal Code ___________________________

Program of Study (check one)

Counseling & Human Development
☐ School Counseling (M.Ed.) cous.med
☐ Mental Health Counseling (M.S.) mhms.ms
☐ Certificate of Advanced Study (C.A.S.) counc.cas

Educational Leadership
☐ School Building Leader (M.Ed.) edbl.med
☐ Non-Certification (M.Ed.) edis.med
☐ School Building Leader – Part I edic.non
☐ School District Leader (C.A.S.) edic.cas

(Do not use this application when applying for Part II of the CAS combined program).

SBL Satellite Campus Cohort
☐ Located on the campus of Paul Smith’s College. Special tuition applies ($200 per credit discount). edlic.non.psc

General Studies
☐ Initial/Professional Certification (M.Ed.) geni.med
☐ Professional Certification (M.Ed.) genp.med
☐ Non-Certification (M.Ed.) genn.med
☐ Post-Baccalaureate Certification pbtc.non

For certification options, list certificate subject area(s) below:

Enrollment Status

I plan to enroll for... ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___
I plan to enroll... ☐ Full time ☐ Part time

Fall & Spring Semesters: Full-time enrollment = 2.49 units per semester (1 unit = .83 credit hrs.)
Summer Session: Full-time enrollment = 1.66 units (1 unit = .83 credit hrs.)
Current and Prior Education

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Official transcripts of course work taken at other institutions must be forwarded to the Education Department for review.

Are you employed as an assistant coach in athletics at SLU? If yes, complete the following.

Assistantship Position ________________________________  Supervisor’s Name ________________________________

Teacher Certification

If you currently hold certification, please indicate below:

- [ ] Initial
- [ ] Professional
- [ ] Provisional
- [ ] Permanent

Certificate No. ________________________________  Area(s) ________________________________  State ________________________________  Effective Date mm/dd/yy __________

List all honors earned in previous college work: _________________________________________________

List Professional organizations of which you are a member: _________________________________________

Do you intend to apply for a graduate assistantship  [ ] Yes  [ ] No

Do you have transfer work?  [ ] Yes  [ ] No  Transfer credit(s) must be approved by the program coordinator and department chair prior to being awarded.
Racial/Ethnic Background

The Federal Government has changed the categories for reporting race and ethnicity for colleges, to make them comparable to U.S. Census data. Please take a minute and answer the 2 questions below. St. Lawrence recognizes and values difference; the information you provide here will also assist us with our planning and programming. For questions, contact Christine Zimmerman, Director of Institutional Research.

1. Do you consider yourself as?
   - ☐ Hispanic or Latino
   - ☐ Not Hispanic or Latino

2. What is your race? Please mark one or more races.
   - ☐ White
   - ☐ Black or African American
   - ☐ Asian
   - ☐ American Indian or Alaska Native
   - ☐ Native Hawaiian or Other Pacific Islander

Please feel free to further clarify your responses above.

Signature

__________________________________________  __________________________
Signature                                             Date

Print Name

My signature above indicates that all information provided in this application is complete, factually correct and honestly prepared. I understand that any misrepresentation may result in refusal into or dismissal from the program.

FOR DEPARTMENTAL USE ONLY:

Admit Date__________/__________/__________

Anticipated Completion Date__________/__________

Application Material Submitted:

☐ Application  ☐ Final Transcript(s)  ☐ MMR/MMV Records  ☐ Writing Sample  ☐ Recommendation(s)

Program Coordinator Signature ___________________________________________
Educational Leadership Program – Personal Statement for Admission

The Nine Essential Characteristics of Effective Leaders for NYS

Educational Leadership is to prepare leaders who exemplify the New York State Nine Essential Characteristics of Effective Leaders. Please respond to each characteristic in paragraph form. This is your personal statement and will help us become better acquainted.

1. Leaders know and understand what it means and what it takes to be a leader.
2. Leaders have a vision for schools that they constantly share and promote.
3. Leaders communicate clearly and effectively.
4. Leaders collaborate and cooperate with others.
5. Leaders persevere and take the “long view.”
6. Leaders support, develop and nurture staff.
7. Leaders hold themselves and others responsible and accountable.
8. Leaders never stop learning and honing their skills.
9. Leaders have the courage to take informed risks.

Counseling & Human Development Program - Personal Statement for Admission

One of the more challenging tasks in admissions has been our ability to learn the values, experiences and interests of the candidate as well as the candidate’s understanding of the program at St. Lawrence University.

The following question-statements are only suggestive. They give you a chance to react and serve as a focus on the processes and values you will encounter in the program. As you respond you may discover that there are value assumptions with which you do not agree and knowing this beforehand seems crucial.

You may find that you do not have the knowledge, awareness or experience to answer some of the questions. It is the attempt to reflect on these issues that is most important.

Please respond to each in paragraph form. This is your own personal statement and will help us become better acquainted.

1. **Personal initiative, self-discipline, responsibility...the ability to create a plan, follow through to attainment of goals with a minimum of external motivation.**
   - Probably much of the significant learning in this program will come from you.
   - You may wish to reflect on your life when you felt good about your own self-discipline and self-responsibility. You might describe independent studies or projects, experiences in work-educational settings or other situations in which you were proud of your own initiative and internal motivation.

2. **Self-awareness and commitment to continued personal growth and development.**
   - It is hoped that one of the principle outcomes of the program would be that you become more aware of yourself, your values, beliefs, and your effect on others. It is our belief that helpers are aware and growing individuals in their own lives.
   - You might wish to consider this criterion by examining changes in your own life. Your ability to identify critical junctures, decision points and personal reactions to these life issues may also serve to demonstrate self-awareness and commitment to continued development.

3. **Intellectual-academic ability.**
   - Traditionally courses, years of schooling, grades and test scores have been the major criteria for measuring this characteristic.
   - We choose to broaden this definition to include many alternative learning possibilities or experiences that clarify your unique learning ability.
   - To demonstrate this you might include samples from extra-curricular activities, travel, particular school-college experiences, as well as work experiences.
4. **Willingness to accept an ever-changing world of uncertainty.**
   - Sometimes our particular need for predictability and certainty gets in the way of our willingness to risk and to grow.
   - This criterion is possibly best dealt with by asking the following questions. How aware you of change? How comfortable with it? Do you have tolerance for ambiguity? How do you deal with uncertainty? By drawing upon your past experiences, answer these questions and give examples of how you've dealt with those situations in the past and how you would like to continue this process in the future.

5. **Ability to work with, accept and appreciate people with different cultural, ethnic, religious backgrounds as well as differing values and beliefs.**
   - A person centered approach is by definition involved with these questions, i.e., a new awareness of the richness that results when differences among people are prized.
   - This commitment may be exemplified by your work with, or experiences with, people different from you. You might include any experiences or interactions that show your own ability and/or desire to become more aware of and accepting of differences.

6. **Ability and commitment to work with issues involving sex discrimination in our society.**
   - A person centered approach assumes values and attitudes regarding people as people, rather than male and female roles.
   - Could you respond to this issue by describing personal experiences that illustrate your behavior and thinking regarding this subtle form of oppression of both sexes?

7. **A fundamental respect and caring for people and a belief in their potential for growth and a trust in their autonomy.**
   - Here, you might take the time to reflect on your view of the human condition relating to and how you interact with people.
   - Some questions worth considering might be: How ready are you to develop this basic positive belief toward human potentially? How willing are you to work, experience, and learn in a program which has as its center this value?

8. **Empathy: the ability to understand and respond to another's deeper feelings and perceptions.**
   - This is a critical attitude and skill in a person centered approach.
   - This criterion might be examined by examining your own beliefs regarding empathy; when and from whom you most recently experienced it? How did you feel? How was it helpful?

9. **A commitment to choice and responsibility.**
   - These are concepts which are all pervasive in a humane approach to understanding people.
   - You may wish to explore your meaning of choice and being responsible for yourself, describing your own choices and times when you have or have not responsibility and the difference that makes.

10. **Further Perspectives**
    - Here you might choose to explain those thoughts, feelings, values, and beliefs that have not been included.
    - This may be the place for you to describe your own "way of being" as well as your hopes and goals in the helping professions.
IMPORTANT!

These Immunization Forms are REQUIRED

as part of your graduate program application

New York State Public Health Law requires that ALL graduate students born after January 1, 1957 and registered for at least 1.66 units per semester (2 courses), be immunized against measles, mumps, and rubella, or show proof of immunity. The law also prohibits attendance in class until proof of immunity is provided to the university in which the student is enrolled.

- Please have your undergraduate college forward a copy of your measles, mumps, and rubella immunizations to the Graduate Admissions Office, or…
- Obtain the required shot(s), or request a blood test from your primary care provider showing immunity if you cannot locate your immunization records, or…
- Complete the attached health form and have your health care provider sign and…
- Complete and sign the attached Meningitis Waiver Form and…

return completed forms or immunization records to:

Education Department
Atwood Hall, Rm 20
St. Lawrence University
Canton, NY 13617

Immunization records or proof of immunity may also be faxed to (315) 229-7423. Failure to submit this form to our office before the application deadline may result in you being denied acceptance to our program.

If you have any questions, please call the Education Department at (315) 229-5061.

As part of the graduate application process, this form must be returned to the Office of Graduate Admissions before being processed by the University Health Center.
St. Lawrence University
GRADUATE STUDENT HEALTH FORM

MANDATORY IMMUNIZATION
Complete and send this form to the address specified on the back side. Completion of this form is required to comply with the NYS Public Health Law. This form is also available via the Education Department website at www.stlawu.edu/education.

Name_________________________________________ Date of Birth_____/_____/_____

Phone_______________________ Student ID____________________

Term for which you are applying: ☐ Fall ☐ Spring ☐ Summer Academic Year_____

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An official signature from a doctor’s office, clinic, or health department must appear on this form or on the official document(s) attached in order to be accepted.

Clinic Name __________________________________________ Date ______________________

Physician’s Signature __________________________________ Phone No. ______________________

NOTE: If you are a graduate of St. Lawrence University within the last 7 years and think we may have your immunization record on file, please complete the information below and return this letter to Graduate Admissions.

Name_________________________________________ Class of __________

If your birthday is prior to January 1, 1957, kindly state your date of birth: ______/_____/____

Submission of both this form and the Meningitis Response Form is required in order to attend class(es). Failure to comply may result in you being denied acceptance to our program.

☐ By checking here, I am indicating that I have signed and attached the required Meningitis Waiver Form.
MENINGOCOCCAL MENINGITIS VACCINATION
WAIVER FORM

Name: __________________________________________________________ Date of Birth: _____/_____/______

For all students, regardless of age, New York State Public Health Law mandates that you read the following information
and sign the Meningitis Waiver form below if you have not had the vaccination or do not wish to receive the vaccination.

Meningitis disease is a severe bacterial infection of the bloodstream or meninges (a thin layer covering the brain and spinal cord). It
is a relatively rare disease and usually occurs as a single isolated event. Cluster of cases or outbreaks are rare in the United States. It
is transmitted through air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these
purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as
kissing.

Although anyone can come into contact with the bacteria that cause meningococcal disease, data also indicates certain social
behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at
increase risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case,
and travelers to endemic areas of the world are also at increased risk.

The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea,
vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are
urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally
fatal. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. Antibiotics can be used to treat people with
meningococcal disease.

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth to
mouth resuscitation, day care center playmates, etc.) need to be considered for preventative treatment. Such people are usually
advised to obtain a prescription for a special antibiotic from their physician. Casual contact as might occur in a regular classroom,
office or factory setting is not usually significant enough to cause concern.

There is a vaccine that will protect against some strains of meningococcus. It is recommended in outbreak situations, and for those
traveling to areas of the world where high rates of the disease are known to occur. The meningococcal vaccine has been shown to
provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has shown
to be 85-100 percent effective in serogroups A and C in older children and adults. The vaccine is very safe and adverse reactions are
mild and infrequent consisting primarily of redness and pain at the site of injection lasting up to 2 days.

If you wish to receive the meningococcal vaccine, contact your health care provider.

MENINGOCOCCAL MENINGITIS WAIVER

To be completed & signed by the student (OR parent/guardian for students under age 18.)

☐ I have read the information regarding meningococcal meningitis disease and I understand
the risk of not receiving the vaccine. I (my child) will not obtain the immunization against
meningococcal meningitis disease at this time.

Signature: __________________________________________________________ Date:____________________