

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS
OFFICE OF STUDENT AFFAIRS**

1900 Gravier Street, New Orleans, LA 70112
Phone: 504-568-4254 FAX: 504-568-3185
<http://alliedhealth.lsuhscc.edu/>

MASTER OF HEALTH SCIENCES IN CLINICAL REHABILITATION AND COUNSELING

APPLICATION INSTRUCTIONS:

YOUR ON-LINE MHSRC APPLICATION CONTAINS:

APPLICATION	TRANSCRIPT REQUEST FORMS
APPLICANT QUESTIONNAIRE	RECOMMENDATION APPLICANT FORMS

**APPLICATION "POSTMARK" DEADLINE:
May 15**

Students are encouraged to submit completed applications after December 15. This allows Fall grades to be officially posted to your transcripts. If you have already graduated, this request does not apply to you. Students who will be taking courses in the coming Spring and/or Summer semesters will be required to submit official transcripts upon completion of coursework.

A Non-refundable \$50.00 application fee payable to LSUHSC must accompany application.

Please complete the entire application. Applications returned without the following will not be considered:

- a. 2 official transcripts from each university attended (signed, sealed envelopes)
- b. 2 Recommendation letters (1 letter must be from an academic source) or recommendation applicant forms
- c. Official GRE scores
- d. Typed essay
- e. Admission Application Form
- f. \$50.00 application fee

◆ Please use a blue or black ballpoint pen or typewriter.

◆ Be sure to date and sign your application.

◆ An incomplete or illegible application will be returned.

GRADUATE RECORD EXAM SCORES (GRE)

Please request your official GRE scores from <http://www.gre.org/getscore.html#addlscreports>. In order for your GRE to be considered, you must have taken it within the **past 5 years**.

◆ **School institution code is R 6352,**

TRANSCRIPT REQUEST FORM

Two (2) official transcripts from each college/university attended must be received in the Office of Student Affairs by the application postmark deadline.

◆ Send a completed form to the Registrar of **each** college or university you have attended. Be sure to include the required fee for each transcript. Have the Registrar send 2 official transcripts directly to the Office of Student Affairs, School of Allied Health Professions (the address is listed above).

◆ If you have received your undergraduate degree from a LSUHSC Allied Health program on the New Orleans campus, indicate this on the Transcript Request form and return it to us. We will secure an official transcript from our Registrar's Office at no cost to you.

RECOMMENDATION OF APPLICANT FORMS

Download and distribute the Recommendation of Applicant Form to two appropriate individuals accompanied by a self-addressed, stamped return envelope. These recommendation forms should speak to your tenacity and accomplishments. Recommendations should be requested of people who can speak to your public work/activities and to your potential for success in healthcare (One recommendation must be from an academic source). Persons may include:

- Faculty members who have taught you or that you have worked with
- Employers who have knowledge of your professionalism
- Professionals in the helping professions

Return all the above in the large envelope provided to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier St., 6th Floor, New Orleans, LA 70112-2262

NOTE 1: If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit two (2) official copies of your transcript after completion of that particular semester.

NOTE 2: If you have any questions after reviewing the self-managed application, please contact the Office of Student Affairs at 504-568-4254.

NOTE 3: Questions regarding curriculum, academic schedules, or special circumstances should be directed to the departmental admissions coordinator at 504-568-4315.

NOTE 4: **If you are accepted into the program**, you will be required to pay a non-refundable \$50.00 acceptance fee. This fee will be applied toward your first academic semester. Request for this fee will be included with the departmental letter of acceptance and will secure your position in the Fall semester.

NOTE 5: Typed Personal Essay. **See below for instructions:**

Personal Essay

Purpose and Instructions: The Admissions Committee is interested in how you made your decision to pursue a degree in the clinical rehabilitation and counseling field and what factors influenced this decision. Please write a reflective personal essay of 900 words or less to provide this description of your career-development process thus far. Compose your essay in three sections that explain: (a) how you came to know about—and then choose to pursue—the profession of counseling and its specializations of clinical rehabilitation counseling and clinical mental health counseling; (b) your choice of our Department, its resources, and its expectations as a good fit for you for a professional graduate degree program; and (c) how you believe your personal qualities and experiences will enable you to succeed in and contribute to the dynamic learning community of our Department as a student and our profession after your graduation. Include your name on each page and staple the pages. This essay should provide the Admissions Committee with useful information related to your knowledge and motivation to enter the field of clinical rehabilitation and counseling. The essay serves as a sample of your writing abilities.