



***Counselling Psychology Program***  
**APPLICATION CHECK LIST**

ADMISSION DEADLINE: JANUARY 15, 2010

CUMULATIVE GPA (i.e., from undergrad degree & ALL other courses): \_\_\_\_\_

COUNSELLING DIPLOMA GPA (if applicable): \_\_\_\_\_

TEACHING CERTIFICATE Yes  No

COMPLETION DATE: \_\_\_\_\_

SFU MINOR IN COUNSELLING AND HUMAN DEVELOPMENT Yes  No

<b>COMPLETED APPLICATION PACKAGE:</b> (all documents, includes checklist and references)		<input type="checkbox"/> YES
	Included in package	To Follow
1. TRANSCRIPTS FROM ALL POST-SECONDARY INSTITUTIONS a. _____ b. _____ c. _____ 2. LETTER OF INTENT 3. RESEARCH STATEMENT OF INTERESTS 4. WRITING SAMPLE (One page Single Spaced. Topic: <b>Communication in Counselling Practice</b> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 REFERENCE REPORTS-Form and letter (optional):  List Name, Title, & Institution of Referees  1. _____ 2. _____ 3. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YES



PREVIOUS COUNSELLING-RELATED EXPERIENCES: (e.g., Crisis Line; Peer Counselling; psychoeducational groups; teacher)		<input type="checkbox"/>
List top 3 Experiences		YES
1. _____	<input type="checkbox"/> #Yr(s)	<input type="checkbox"/> #Mo(s)
2. _____	<input type="checkbox"/> #Yr(s)	<input type="checkbox"/> #Mo(s)
3. _____	<input type="checkbox"/> #Yr(s)	<input type="checkbox"/> #Mo(s)

REQUIRED COURSES	Y/N	Grade
• EDUC 423 HELPING RELATIONSHIPS (OR EQUIV. _____)	<input type="checkbox"/>	<input type="checkbox"/>
• EDUC 323 THEORIES OF COUNSELLING (OR EQUIV. _____)	<input type="checkbox"/>	<input type="checkbox"/>
• Developmental Psychology Course(s): Course Name _____# _____	<input type="checkbox"/>	<input type="checkbox"/>
• Research Course(s): Course Name _____# _____	<input type="checkbox"/>	<input type="checkbox"/>
• Social Psychology Course(s): Course Name _____# _____	<input type="checkbox"/>	<input type="checkbox"/>
• Cognitive Psychology Course(s): Course Name _____# _____	<input type="checkbox"/>	<input type="checkbox"/>

*RESEARCH: MA APPLICANTS ONLY*

Use key words to complete the following:

- GENERAL RESEARCH TOPIC \_\_\_\_\_
- PREFERRED METHODOLOGY \_\_\_\_\_
- SFU COUNSELLING PSYCHOLOGY SUPERVISOR WITH CLOSEST RESEARCH FIT  
\_\_\_\_\_