

How to Apply

Prospective students may apply online or by downloading the necessary instructions at the Graduate Division Admissions Office website at: <http://www.hawaii.edu/graduatestudies/admissions/html/admissions.htm#> which provides detailed instructions on (1) how to access either of the two modes, (2) deadlines, (3) \$50 non-refundable application fee, and (4) required documentation materials.

Online Application Prospective students are encouraged to submit an online application at <http://apply.hawaii.edu>. You will need to register and be issued a PIN.

Paper Application Prospective students who prefer to submit paper applications need to download the application materials below. Please download the free [Adobe Reader](#) to view, download and print the documents. Please follow the instructions carefully. Complete and submit the appropriate forms to the:

*Graduate Admissions Office
2540 Maile Way Spalding 354
Honolulu, HI 96822*

Deadline: No application will be considered after September 1, 2009 for the 2010 Spring Semester

Admission is based on prior academic and other preparation and background, on intellectual and affective potentials for graduate study, and on personal qualifications that are likely to contribute to success as a counselor. Application for the M.Ed. program in Counseling and Guidance presumes satisfactory completion of a bachelor's degree with an acceptable grade-point-average.

Completed applications are screened by the Graduate Division Admission Office. Applications that meet the requirements of the Graduate Division are forwarded to the Department of Kinesiology and Rehabilitation Science's graduate Rehabilitation Counselor Education Program, where applications are subjected to a more comprehensive and intensive review by the graduate faculty. The RCE graduate program then makes a recommendation to the Graduate Division either to admit or deny the applicant. The final decision to make a formal offer of admission rests with the Graduate Division, which takes into full consideration the recommendation of the graduate program. Admission is valid only for the semester for which a student was accepted. The Graduate Division notifies each applicant of its decision

Graduate Division Admission Requirements

Criteria:

1. Bachelor's degree from a regionally accredited U.S. college or university, or its equivalent from a recognized non-U.S. institution of higher learning.
2. A grade point average (GPA) of 3.0 or the equivalent — in the last two years of undergraduate study, and in all post-bachelor course work at the upper-division undergraduate or graduate levels. The calculation of the GPA is based on a scale of 4.0 = A.

Documentation (all forms are attached):

1. Completed Graduate Admissions Application
2. Application fee (\$50, non-refundable)
3. One official transcript for each post-secondary institution attended

The transcripts from other than UH system must be official, i.e., sent by the respective registrars directly to the Graduate Division. The Graduate Division is able to retrieve one copy of a UH transcripts from the university database.

4. Residency Declaration Form (for applicants claiming Hawaii residency or statutory exemptions only)

Department Admission Requirements

By the deadline, applicants must submit directly to the Rehabilitation Counselor Education Program Coordinator the following:

- (1) Statement of **goals and objectives** (form attached);
- (2) Three completed **recommendation forms** (form attached). Additional letters may be included if desired. Recommendations should not be requested from Rehabilitation Counselor Education program faculty, and
- (3) An updated **resume**. All information should show evidence that an applicant's personal qualifications, motivation, intellectual-affective potential and/or professional background indicate competence and success in rehabilitation counseling. After these documents are screened, successful applicants will be invited for an interview followed by a writing sample.

Evaluation Criteria

1. GPA – 3.0 minimum
2. Academic background (prior coursework, content, grades). Psychology, sociology, anthropology, nursing, and social work courses are particularly helpful.
3. Recommendations attesting to applicant's motivation and potential. Personal or character references are usually not rated as highly as letters from people able to judge the applicant's professional and academic potential.
4. Statement of goals and objectives (specific to rehabilitation counselor education). Well organized and well written statement (with no grammatical & typographical errors) will serve as a sample of what the program can expect from you after admission.
5. Prior experience. Paid or volunteer work in counseling, teaching or other human services areas will be particularly helpful in rating the application.
6. Other unique qualities, honors, potential, research experience, volunteer experience, work with diverse groups, etc.
7. Interview
8. Writing Sample

UNIVERSITY OF HAWAII AT MĀNOA ■ GRADUATE PROGRAM STATEMENT OF OBJECTIVES FORM

Use this form unless otherwise instructed by your graduate program. Check your graduate program requirements at:
<http://www.hawaii.edu/graduatestudies/fields/html/fields.htm>.

Summer Applicants - Write in your semester of application if you are applying to a graduate program with summer admission.

TYPE OR PRINT CLEARLY. MAIL-IN THE COMPLETED FORM DIRECTLY TO YOUR INTENDED GRADUATE PROGRAM.

In the space provided below, describe the objectives of your graduate study, your area of specialization within the graduate program, and your long-range professional goals. Include any additional information that will assist the graduate admissions committee in evaluating your application.

Semester FALL 200__ SPRING 20__

NAME OF APPLICANT _____ INTENDED GRADUATE PROGRAM _____

Department of Kinesiology and Rehabilitation Science
University of Hawaii at Manoa
RECOMMENDATION FORM

TO THE APPLICANT: This form is to be completed by an individual who is able to evaluate your academic and/or professional qualifications for the graduate study in Counselor Education. For the convenience of the person completing this form, please, provide the information requested below and on page 2. Attached a stamped envelop addressed to the Department Chair, Department of Kinesiology and Rehabilitation Science, University of Hawaii at Manoa, 1337 Lower Campus Rd, PE/A 231, Honolulu, Hawaii 96822.

The form must reach the department by March 1 (Fall) September 1 (Spring).

Name of Applicant: _____

e-mail address: _____

Degree sought: M.Ed. in Counselor Education: Rehabilitation Counseling

*I (the applicant) understand that federal legislation provides me with a right of access to this recommendation; this right may be waived if I so choose. No one may require that I waive this right. **APPLICANT:** Please, sign on the next line if you decide to waive your right of access, thus making this recommendation a confidential document.*

Signature:

TO THE RESPONDENT: Please, use this form to evaluate the applicant's professional as well as personal qualifications for graduate study in Kinesiology and Rehabilitation Science.

1. How long have you known the applicant?

2. What is the nature of your professional relationship with the applicant? (professor, employer, etc.)

3. What specific strength does the applicant have which you feel are strong arguments for admission?

4. What specific weaknesses does the applicant have which you feel might interfere with applicant's academic performance and progress toward the completion of the degree?

(Please continue on to page 2)

5. In comparison with other individuals whom you have ever recommended for graduate study, please rate this applicant in terms of each of the following qualifications by placing an "X" in the appropriate column.

Exceptional (top 2%)
 Well Above Average (top 10%)
 Above average (top third)
 Average (middle third)
 Below Average (bottom third)
 No data on which to base judgment

Ability to express self verbally						
Ability to express self in writing						
Ability to reason analytically						
Ability to work independently						
Ability to work as member of a group						
Level of creativity						
Level of academic enthusiasm						
Level of perseverance to complete assigned or selected tasks						
Motivation to pursue graduate study						
Likelihood of postgraduate contributions to the field of counseling						

6. If the applicant were applying to a graduate program of study within which you were a practicing professional or a faculty member, describe how strongly you would argue for admission?

7. If you feel you'd like to offer additional comments not covered by this form and which you consider relevant to the admission decision, please, use a separate page.

Signature: _____ Date: _____

Name and position: _____

Address/e-mail address: _____

The faculty members of the Department of Kinesiology and Rehabilitation Science at the University of Hawaii want to express our collective "Thank You" for your assistance.

UNIVERSITY OF HAWAII AT MĀNOA • GRADUATE DIVISION

Graduate Admissions Office • 2540 Maile Way, Spalding 354 • Honolulu, HI 96822

Tel: (808) 956-8544, 956-8045 • V/T: (808) 956-4257 • Email: info@grad.hawaii.edu • Web: <http://www.hawaii.edu/graduatestudies>

RESIDENCY REGULATIONS (Condensed)

(The residency rules and regulations may be subject to change.)

Students who do not qualify as bona fide residents of the State of Hawaii, according to the University of Hawaii rules and regulations in effect at the time they register, must pay the nonresident tuition. An official determination of residency status will be made prior to enrollment. Applicants may be required to provide documentation to verify residency status. Once classified as a nonresident, a student continues to be so classified during his/her term at the University until he/she can present clear and convincing evidence to the residency officer that proves otherwise.

Some of the more pertinent University residency regulations follow. You may contact the residency officer listed below for additional information or interpretation of the regulations.

DEFINITION OF HAWAII RESIDENCY

A student is deemed a resident of the State of Hawaii for tuition purposes if the student and his/her parents or legal guardians have:

- (1) Demonstrated intent to permanently reside in Hawaii (see below for evidences);
- (2) Been physically present in Hawaii for the 12 consecutive months prior to the first day of instruction, and subsequent to the demonstration of intent to make Hawaii his/her legal residency; and
- (3) The student, whether adult or minor, has not been claimed as a dependent for tax purposes for at least 12 consecutive months prior to the first day of instruction by his/her parents or legal guardians who are NOT legal residents of Hawaii.

To demonstrate the intent to make Hawaii your legal residency, the following evidence apply:

- A. Filing Hawaii resident personal income tax return.
- B. Voting/registering to vote in the State of Hawaii.

Other evidence, such as permanent employment and ownership or continuous leasing of a dwelling in Hawaii, may also apply but **no single act is sufficient to establish residency in the State of Hawaii**.

Other legal factors in making a residency determination include:

- A. The 12 months of continuous residency in Hawaii shall begin on the date upon which the first overt action (see evidences) is taken to make Hawaii the permanent residence. Residence will be lost if it is interrupted during the 12 months immediately preceding the first day of instruction.
- B. Residency in Hawaii and another place cannot be held simultaneously.
- C. Presence in Hawaii primarily to attend an institution of higher learning shall not create residence status. A nonresident student enrolled for 6 credits or more during any term within the 12-month period is presumed to be in Hawaii primarily to attend college. Such periods of enrollment cannot be applied toward the physical presence requirement.
- D. Resident status, once acquired, will be lost by future voluntary action of the resident inconsistent with such status. However, Hawaii residency will not be lost solely because of absence from the State while a member of the United States Armed Forces, while engaged in navigation, or while a student at any institution of learning, provided that Hawaii is claimed and maintained as the person's legal residence.

BOARD OF REGENTS EXEMPTIONS

1. **Nonresidents may be allowed to pay resident tuition if they qualify as one of the following:**

- A. United States military personnel and their authorized dependents (as defined by the Armed Services); during the period such personnel are stationed in Hawaii on active duty.
- B. Members of the Hawaii National Guard and Hawaii-based Reserves.
- C. Full-time employees of the University of Hawaii and their spouses and legal dependents (as defined under Internal Revenue Service rules.)
- D. East-West Center student grantees pursuing baccalaureate or advanced degrees.
- E. Hawaiians, descendants of the aboriginal peoples that inhabited the Hawaiian Islands and exercised sovereignty in the Hawaiian Islands in 1778.

2. Citizens of an eligible Pacific island district, commonwealth, territory, or insular jurisdiction, state or nation which does not provide public institutions that grant baccalaureate degrees may be allowed to pay 150% of the resident tuition. These currently include the following:

American Samoa	Niue
Commonwealth of the Northern Marianas	Republic of Palau
Cook Islands	Republic of the Marshall Islands
Federated States of Micronesia	Solomon Islands
Futuna	Tokelau
Kiribati	Tonga
Nauru	Tuvalu
New Caledonia	Vanuatu
	Wallis

This list is subject to change. Please contact the office below for a current list, eligibility and documentation requirements.

MISREPRESENTATION

A student or prospective student who provides incorrect information on any form or document intended for use in the determination of residency status for tuition purposes will be subject to the requirements and/or disciplinary measures provided for in the rules and regulations governing residency status.

APPEAL PROCESS

Residency decisions may be appealed by contacting the residency officer for information on how to initiate an appeal.

FOR ADDITIONAL INFORMATION

Residency Officer, Office of Admissions and Records
Queen Lili'uokalani Center for Student Services, Room 001
2600 Campus Road, Honolulu, HI 96822
Tel: (808) 956-8975
Web: <http://www.hawaii.edu/admrec/res.html>

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RESIDENCY DECLARATION FORM

Summer 2010 Applicants: Please write in your semester of application if you are applying to a graduate program with summer admission.

INSTRUCTIONS: Mail-in completed form and appropriate documentation to the address above if you are claiming Hawaii residency or a Board of Regents exemption for tuition assessment purposes.

To claim Hawaii residency: Complete Sections A, C, D and E. Applicants claiming Hawaii residency beginning in August 2008 or thereafter will be asked to submit documentation. A list of documents is found at <http://www.hawaii.edu/admrec/res.html>.

To claim a Board of Regents exemption: Complete Section A, B and relevant portions as noted in Section B. Submit supporting documents.

PLEASE TYPE OR PRINT CLEARLY.

FOR OFFICE USE ONLY				R N M F J S G C E H				by _____ on _____											
SEMESTER <input type="checkbox"/> FALL 2009 <input type="checkbox"/> SPRING 2010				GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				BIRTH DATE MM DD YY / /				UH ID (if available)							
FAMILY / LAST NAME				FIRST NAME				FULL MIDDLE											
CURRENT MAILING ADDRESS								CITY / PROVINCE				STATE / COUNTRY				ZIP/ POSTAL CODE			
CURRENT ADDRESS VALID UNTIL MM DD YY / /				TELEPHONE Area Code ()				EMAIL ADDRESS											
CITIZENSHIP (If not U.S. citizen, indicate immigrant status at right.) <input type="checkbox"/> United States <input type="checkbox"/> Other Specify Country _____								IMMIGRANT STATUS <input type="checkbox"/> U.S. Permanent Resident Date Received (MM/DD/YY) _____ Registration Number _____											

I hereby certify that the answers and responses for all items on this residency form are accurate and complete to the best of my knowledge and belief. I understand that I may be required to produce certified documents relative to the determination of my residency status and that the provision of incorrect information regarding my residency declaration will also subject me to the requirements and/or disciplinary measures provided in the University's rules and regulations governing the determination of residency for admission and tuition purposes.

SIGNATURE OF APPLICANT X _____ DATE _____

A. RESIDENCY DECLARATION

I claim legal residency in _____ from _____ to _____ on the basis of one of the following:
 (specify state or country) (specify MM/DD/YY) (specify (M/DD/YY))

- myself - I am 19 or older
- myself and parent
- Board of Regents Exemption (See below.)

B. BOARD OF REGENTS EXEMPTIONS

Check one of the following if you are claiming a Board of Regents exemption. Attach necessary documents.

- I am a full-time faculty or staff member of the University of Hawaii or the spouse or legal dependent of such a person. (Attach employment contract.)
- I am of Hawaiian ancestry and **not** a resident of Hawaii. (Attach an official copy of your birth certificate, and if necessary, that of your parents/grandparents documenting Hawaiian ancestry.)
- I am a member or authorized dependent of a member of the U.S. armed forces on active duty, stationed in Hawaii. (Complete Section F.)
- I am a member of the Hawaii National Guard or Hawaii-based Reserves. (Complete Section F.)
- I am a citizen of _____ which has no public institution of higher education granting baccalaureate degrees. (See Board of Regents Exemption 2, page D-1.)

Name of Applicant	Date of Birth
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If you claim Hawai'i residency, complete sections C, D and E.

C. Check one of the following, even if you are an adult and independent:

1. I am **not** claimed as a dependent on my parents' 2008 Personal Income Tax Form.
2. I am claimed as a dependent on my parents' 2008 Personal Income Tax Form and my parents are legal residents of Hawai'i. If you checked this box, the **parent who claims you as a dependent must complete Section E.**
3. I am claimed as a dependent on my parents' 2008 Personal Income Tax Return and my parents are **not** legal residents of Hawai'i.

D. Last **public** institution of higher education attended, if any (including current enrollment at a University of Hawai'i campus):

Name of Institution _____ Dates of Attendance from _____ to _____
(MM/DD/YY) (MM/DD/YY)

Type of tuition paid at institution: Resident
 Nonresident
 Resident, based on an exemption in Section B. Specify type of exemption: _____

E. Complete the following items on the basis of yourself, and your parent (if you have been claimed by him/her as a dependent for tax purposes.) The parent must also sign and date below, and provide necessary documentation upon request.

	MYSELF (APPLICANT)	MY PARENT
1. I have been living in Hawai'i continuously since (specify: MM/DD/YY).....	_____	_____
2. I filed Personal Resident Income Tax Return in (specify state)..... from and to (specify years).....	_____ TO _____	_____ TO _____
3. I registered to vote in (specify state)..... on (specify MM/DD/YY)	_____	_____
4. I last voted in (specify state)..... on (specify MM/DD/YY)	_____	_____
5. Other evidence of residency, if any (e.g., employment)	_____	_____
6. My parent claims legal residency in (specify state)..... from and to (specify MM/DD/YY)	_____	_____ TO _____
7. My parent is a citizen of..... <input type="checkbox"/> US <input type="checkbox"/> Other _____ Specify country and visa status	_____	_____

SIGNATURE OF PARENT x _____ **DATE** _____

F. VERIFICATION OF MILITARY ASSIGNMENT IN HAWAI'I (MILITARY ORDERS MUST BE ATTACHED.)
 (To be completed by the member's Commanding Office.)

Name of Military Member _____ Rank _____ Branch of Service _____

Telephone of Branch of Service _____ Member's relationship to applicant: Self Spouse Parent Other (specify) _____

Estimated date of rotation from Hawai'i or separation from military service (whichever is earlier.) Specify MM/DD/YY; do not use "indefinite" _____

Permission is hereby granted to release information to the University of Hawai'i

SIGNATURE OF COMMANDING OFFICER x _____ **DATE** _____

SIGNATURE OF MILITARY MEMBER x _____ **DATE** _____