

Date _____

Name _____ Student ID# _____

- Area of Specialization (Check one)**
- School Counseling
 School Psychometry
 Educational Administration

Requirement	5 Met	3 Met with Weakness	1 Not Met	Not Applicable	Comments	
Section A						
Application for Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Resume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Section B						
Plan of Study (Completed with Advisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Section C - Assessment of Academic Proficiency						
Transcripts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
GRE Results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SWOSU Graduate Admission Formula Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Section D						
Competence and Effectiveness in Professional Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OVERALL EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments

Signatures

Advisor _____

Date _____

Associate Dean _____

Date _____