

EQUIPPING GOD'S SERVANTS TO BRING HOPE & HEALING INTO BROKEN LIVES THROUGH PROFESSIONAL CHRISTIAN COUNSELING.

Alliance Graduate School of Counseling seeks to provide a comprehensive counseling education that is grounded in the social sciences within the context of a theologically evangelical Christian view of epistemology, human nature and healing. We believe that the Bible provides us with significant foundational perspectives on human personality, pathology and healing.

Alliance Graduate School of Counseling sees psychospiritual healing as ultimately the work of God's grace, wisdom and love communicated through the vehicle of a competent and sensitive counselor.

Our Core Values are:



- Belief in the centrality and authority of the Holy Scriptures as the source, foundation and guide to Truth.
- Recognition of the essential and primary place of God (Father, Son and Holy Spirit) in the healing process as the source of health and healing.
- Consistent and continuing commitment by the counselor to maintain a personal walk with God through the practice of spiritual disciplines such as Bible study, prayer, fasting and biblical meditation.
- Maintenance of self-care (physical, spiritual, emotional and relational) for the counselor's own well-being
- Importance of participation and service in the local church and its worldwide mission.
- Commitment to an open-universe model of epistemology and therapeutic intervention, integrating theory, research and practice, with respect for and utilization of both the empirical and the supernatural.
- Adherence to the highest ethical standards of the counseling profession and the Christian faith.
- Fundamental respect for people in their ethnic, socio-economic, religious and gender diversity.
- Importance of life-long continuing education in counseling, psychology and theology beyond the master's degree in counseling.
- Commitment to the advancement of the counseling field and in particular, Christian counseling, through such activities as participation in professional association, excellence in scholarship, and education of the broader Christian community.

Accreditation:

Middle States Association of Colleges and Secondary Schools; Programs are registered with Board of Regents of the State of New York.
Seeking: CACREP Accreditation

Campuses:

Nyack, NY and New York City, NY

Program Duration:

MA Mental Health Counseling: 66 Credits, 2 years if full-time, 3-5 years part-time
MA Marriage and Family Therapy: 61 credits, 2 years if full-time, 3-4 years part-time

Entrance Requirements:

- 3.0 GPA
3 Psychology Courses:
- Mental Health Counseling:**
- General Psychology
 - Abnormal Psychology
 - Theories of Personality
- Marriage and Family Therapy:**
- Counseling Theories
 - Abnormal Psychology
 - Developmental Psychology or Family Studies
- 2 Psychological assessments (MMPI-2 and MCMI-3)

Counselor Licensing Info:

Counseling Licensing Info: Each state has specific requirements for licensing. The benefits for licensing within your state include establishment of a minimum standard with regulations, as well as options for third party billing. New York, New Jersey, Pennsylvania and Connecticut have counseling licenses, and the curriculum at AGSC does meet their requirements. The general requirements are:

- Minimum of an MA in Counseling of Marriage and Family therapy with at least 60 credits
- Passing Score on a Standardized Counselor Exam
- Additional hours of practice after receiving certificate (varies by state)

PLEASE NOTE that not all states have a professional counseling license.

APPLICATION PROCEDURES



Thank You, for your interest. You have just made the first step in your journey here at Alliance Graduate School of Counseling. We are looking forward to receiving your application. Please use this as a guide to help you complete your application. Each piece of information we receive is carefully reviewed as we seek to help you discern God's calling.

Please use the following check list as you complete your application:

- DEGREE-SEEKING:**
- MA MENTAL HEALTH COUNSELING AND MA MARRIAGE AND FAMILY THERAPY**
- Application Form
 - \$35.00 Non-Refundable Application Fee
 - Christian Experience Statement
 - Calling to Counsel Questions
 - Pastoral Reference Form
 - Academic Reference Form
 - General Reference Form
 - Signed Statement of Faith/Standard of Conduct
 - Official Baccalaureate Transcript with minimum GPA 3.0
 - MMPI-2 Psychological Test
 - MCMI-3 Psychological Test
 - Official Transcripts Showing Completion of:
 - MHC: General Psychology Abnormal Psychology Theories of Personality
 - MFT: Counseling Theories Abnormal Psychology Developmental Psych. or Family Studies
 - Immunization Records

NON-DEGREE

- Application Form
- \$35.00 Non-Refundable Application Fee
- Christian Experience Statement
- Calling to Counsel Questions
- Signed Statement of Faith/Standard of Conduct
- Pastoral Reference Form
- General Reference Form
- MMPI-2 Psychological Test
- Official Baccalaureate Transcript with minimum GPA 3.0
- Official Masters Degree Transcript in Counseling (see catalog for further details)
- Immunization Records

INTERNATIONAL STUDENT

- Complete the requirements for your desired program and submit the following:
- TOEFL score: 213 CBT or 78 IBT. School Code: 2560
 - International Bachelors Degree Transcript submitted to World Education Services
 - Affidavit of Support
 - Visa and Passport copies of you and any family members moving with you

REACTIVATE

LESS THAN 3 YEARS

- Reactivation Form or Application Form Sections 1-4, 7

MORE THAN 3 YEARS

- Degree Requirements
- Official Baccalaureate Transcript (Only if more than 6 years)

Alliance Graduate School of Counseling reserves the right to request a personal interview with any applicant.

Notice of Nondiscriminatory Policy

Alliance Graduate School of Counseling does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 506 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, and all other relevant statutes and regulations.

The Family Education Rights and Privacy Act

The Family Education Rights and Privacy Act of 1974 permits enrolled college and seminary students access to certain credentials in their files. Because of the importance of preserving the confidentiality of letters of recommendation, the Family Education Rights and Privacy Act permits an educational institution to suggest that an applicant may waive his or her right of access to letters of recommendation. Signing such a waiver is not required as a condition of admission, receipt of financial aid from, or receipt of any other services or benefits from AGSC.

In order that the institution may have valid recommendations, it is suggested that the applicant consider waiving his or her right to see such letters of recommendation. Please be assured that letters of recommendation (along with transcripts and your own application) are used solely to determine an applicant's qualification for admission. Alliance Theological Seminary & Alliance Graduate School of Counseling will furnish (upon the applicant's request) the names of all individuals supplying references. However, the identity of those to whom he or she gives reference forms is generally known to the applicant. Signing the waiver statement on the reference form is all that is necessary on your part.

APPLICATION FOR ADMISSION



FOR OFFICE USE ONLY: ID#: _____ Rep Code: _____ Application Fee: _____

1. Application Information

APPLICATION FOR:

- Full Time (12+ Credits)
 Part Time

ENROLLMENT DATE:

- Fall, 20 _____
 Spring, 20 _____
 Summer, 20 _____

CLASSIFICATION:

- New Student
 Transfer from: _____
 Readmission (After 3 years)
Date of Last Attendance: _____
 Non-Degree Student

CAMPUS:

- Nyack, NY
 New York City

GRADUATE HOUSING (NYACK CAMPUS ONLY)

- Yes No

2. Degree Information

MASTER OF ARTS:

- Mental Health Counseling
 Marriage & Family Therapy*

* Nyack Campus only

3. Personal Information

Title: Mr. Mrs. Miss Ms. Dr. Rev.

Last Name: _____ First Name: _____ MI: _____ Preferred: _____

Maiden Name/Previous Name: _____

SS#: _____ Date & Place of Birth: _____ Gender: Male Female

Racial/Ethnic Background (optional): Asian Black or African American Hispanic/Latino Multi-Racial White
 American Indian or Alaska Native Pacific Islander or Native Hawaiian

US Citizenship: Yes No Country of Citizenship: _____

Visa Status: _____ (If you are presently in the US please send a copy of your visa with your application)

Is English your primary language? Yes No Primary Language: _____

Have you served in the military? Yes No Dates of Service _____

Do you expect to use veteran's benefits in your training? Yes No

What other graduate schools, if any, are you considering? _____

Have you ever been dismissed from an academic institution? Yes (explain on separate sheet) No

Have you ever received professional counseling? Yes (explain on separate sheet) No

List memberships held in honorary and/or professional organizations: _____

List significant work/volunteer experience which may relate to your graduate training: _____

Marital Status: Married Single Separated (explain on separate sheet) Divorced

Spouse's Name: _____ Number of Children: _____ B _____ G

Will your spouse be enrolling at Nyack? Yes No; Full-Time Part-Time, Program: _____

4. Address Information

CURRENT MAILING ADDRESS:

Street: _____ Apt: _____

City: _____ State: _____ Zip _____

Phone Numbers: _____ H W C _____ H W C

E-Mail Address: _____

PERMANENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

Street: _____ Apt: _____

City: _____ State: _____ Zip _____

Phone Numbers: _____ H W C _____ H W C

5. References

Please fill out the top section of each reference form and present to an individual who has known you for over one year and is not a relative, along with a postage paid envelope for the campus you are applying to.

Pastoral Reference: _____ Phone: _____

Address: _____

Academic Reference: _____ Phone: _____

Address: _____

General Reference: _____ Phone: _____

Address: _____

6. Educational Background

List ALL academic institutions you have attended since high school. You are responsible for having official transcripts sent directly from each institution to the Office of Admissions. Please Note: A preliminary admission decision may be made on the basis of the work you have completed. However, you must have a final transcript showing the conferral of your degree sent to AGSC before your initial enrollment.

School: _____ City/State: _____

Degree Received: _____ Academic Program: _____

Dates Attended: _____ Date Graduated: _____

School: _____ City/State: _____

Degree Received: _____ Academic Program: _____

Dates Attended: _____ Date Graduated: _____

School: _____ City/State: _____

Degree Received: _____ Academic Program: _____

Dates Attended: _____ Date Graduated: _____

7. Church Information

Name of Church you currently attend: _____ Denomination: _____

Address of Church: _____

City: _____ State: _____ Zip: _____

Phone Number of Church: _____ How long have you attended this church? _____

Name of Pastor: _____

Contact Person for Church: _____

Are you a member? Yes No

Have you confessed Jesus Christ as your Savior and Lord? Yes No If yes, when?: _____

8. Additional Information

Where did you hear about Nyack/Alliance Graduate School of Counseling?

- | | | |
|---|---|---|
| <input type="checkbox"/> Alumni: _____ | <input type="checkbox"/> Parent(s) _____ | <input type="checkbox"/> Internet/Nyack Website _____ |
| <input type="checkbox"/> Faculty: _____ | <input type="checkbox"/> Student(s): _____ | <input type="checkbox"/> Pastor: _____ |
| <input type="checkbox"/> Magazine/Newspaper Ad: _____ | <input type="checkbox"/> Radio Station: _____ | <input type="checkbox"/> Direct Mailing _____ |
| <input type="checkbox"/> Other: _____ | | |

Who/What influenced you to apply? _____

9. Applicant's Signature Required

I affirm that the information set forth in my application and any materials I provide pertaining to my admission and/or financial aid are true and complete. I agree that if, in the judgement of Nyack, any misrepresentation or omission has been made in this application or related materials, such misrepresentation/omission of information shall be sufficient cause for rejection prior to admission and dismissal if I am admitted as a student.

Signature: _____ Date: _____