Admission Requirements

- Bachelor’s degree from an accredited institution
- Official transcript(s). [Must submit all transcripts from colleges/universities (other than KSU) in which 8 or more semester credit hours were attempted. You may upload copies of OFFICIAL transcripts to speed up app process but if offered admission, you are required to submit OFFICIAL transcripts directly from all institutions]
- Minimum 2.75 cumulative (total undergraduate) GPA
- Goal statement
- Names/Emails of Two Recommenders (Highly recommended you use online recommendation system within the application)
- Questions in Anticipation of Licensure Form (embedded in online application)

The graduate admission process is handled online. Your application will be processed by GRADUATE ADMISSIONS. There is a $15 non-refundable application fee for the licensure prep program.

Street Address: 800 E. Summit St., 161 Schwartz Center, Kent State University, Kent, OH 44242
Mailing Address (Transcripts): Graduate Admissions, P.O. Box 5190, Kent, OH 44242
Phone: 330-672-2444
Toll-Free: 1-800-988-KENT
Email (for questions/issues and Electronic Transcripts): gradapps@kent.edu

Contact Graduate Admissions directly with any issues regarding the application or application process. Please check this website for application deadlines each term: https://www.kent.edu/ehhs/ides/sped/graduate-licensure-preparation. For further assistance, please contact Erin Harwood in the College of EHHS Office of Graduate Student Services (eharwood@kent.edu /672-0583).

HINTS ON A FEW APPLICATION PROMPTS

From the KENT STATE UNIVERSITY APPLICATION PORTAL: https://apply.kent.edu/apply/, you will either log in or create a new account to start the online application process.

Under the “INITIAL QUESTIONS GRADUATE” tab-for which degree or credential are you pursuing, SELECT: NON-DEGREE LICENSE

INITIAL QUESTIONS GRADUATE

This application is for students wishing to apply as a graduate student for an advanced degree or credential beyond a Bachelor Degree. Students using this application are expected to hold at least a Bachelor Degree or are in their final term towards completion.

Please choose the degree or credential you are pursuing:
- Masters
- Doctoral
- Educational Specialist
- Professional (includes only Doctor of Nursing Practice and Doctor of Audiology)
- Certificate
- Guest
- Non-Degree Seeking
- Non-Degree Endorsement
- Non-Degree License
- Transient
- Alumnus
Under the “ACADEMIC PLAN GRADUATE” tab, SELECT: Special Education Deaf Education Initial Licensure Preparation -Non-Degree (under the College of Education, Licensure Preparation)

Then SELECT: your intended start term

Under the “REQUIREMENTS-EDUCATION ENDORSEMENTS/LICENSES;SELECT “ tab, SELECT: Initial License; SELECT: YES if you are also applying to the Masters of SPED simultaneously or NO if you are only seeking licensure; SELECT NO for pursuing additional licenses.

Under this tab-you will upload your Goal Statement and date/acknowledge the embedded Questions in Anticipation of Licensure form.
PROGRAM REQUIREMENTS: EDUCATION ENDORSEMENTS/LICENSURES

Here is the program that you selected:
Special Education Deaf Education Initial Licensure Preparation - Non-Degree

Information for Initial or Additional Licensure Preparation

Candidates are reviewed 3 times per year for formal admission to this program. Please visit [https://www.kent.edu/eehs/degrees/graduate-licensure-preparation](https://www.kent.edu/eehs/degrees/graduate-licensure-preparation) for application deadlines each term.

Are you applying for an initial license or are you applying for a second, additional or principal license?
- [ ] Initial License
- [ ] Second License
- [ ] Additional License
- [ ] Principal License

Are you planning to pursue a KSU degree program simultaneously with this license?
- [x] Yes
- [ ] No

Are you planning to pursue additional licenses (other than the one you have already selected) simultaneously at KSU?
- [ ] Yes
- [x] No

Goal Statement

Please provide a statement indicating why you want to pursue a graduate degree in your chosen field of study, what you hope to gain in the graduate program, and your career goals upon graduating. Include relevant academic and professional experience achieved in the past or expected in the future that support your goal. Narrative length should be approximately 1-2 pages, double-spaced.

I understand my goal statement must conform to a specific format. I have reviewed the goal statement requirements available on the EHH5 forms page.

Choose File: No file chosen

Upload

Licensure

Questions in Anticipation of Licensure Form

Kent State University
College of Education, Health and Human Services

In order to apply for educator or counselor license (e.g. teaching, administrative, or pupil services) in the State of Ohio, an applicant will be required to answer yes or no to the following legal questions at the time of licensure application.

Note: DO NOT ANSWER THESE QUESTIONS AT THIS TIME. You will be required to answer the following questions when you apply for licensure.

1. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?
2. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
3. Have you ever had a criminal conviction sealed or expunged?
4. Have you ever had any professional certificate, license, permit, or an application for the same revoked, suspended, limited, or denied?
5. Have you ever surrendered any certificate, license, or permit, other than a driver’s license?

If at the time of licensure application, you answer yes to any question listed above, you will be requested to attach an explanation to the licensure application, to include the year of conviction, the nature of the offense, and the court where the matter was heard.

Please contact the Office of Professional Conduct at the Ohio Department of Education with any questions at (614) 466-5638.

*Note: Applicants for the Clinical Mental Health Counseling, or School Counseling program: If your answer to any of the questions listed above is YES, your application for liability insurance, internship, and/or professional licensure may be denied. It is important to note that an inability to obtain professional liability insurance or an internship would stop your completion of the program. Please contact the Counseling Master’s Programs Coordinator at 330-672-2662.

ACKNOWLEDGEMENT

By checking this box you acknowledge that you have read and understand the Questions in Anticipation of Licensure information.

- [x] Yes

Enter Today's Date (mm/dd/yyyy)

August 30, 2021
Under the “RECOMMENDATIONS” tab-you are asked to supply names and emails of two recommenders. It is highly recommended that you use the online recommendation system (electronic). The online system will automatically generate a recommendation request when you hit the submit your application.

The academic program requirements are built into the application and applicants will not be reviewed for admission until after they have fulfilled all the application requirements. Once you submit your application and pay the application fee ($15, nonrefundable) you will no longer be able to edit the application. However, you can upload your admission documents at a later time (copies of OFFICIAL transcripts; goal statement, etc) through the Application Status page (available once you submit your app/app fee). Please be aware that your application will not be forwarded to the College of EHHS for review until all outstanding requirements have been satisfied.