The Counselor Education Program will offer the training for the Career Development Facilitator (CDF) Certificate Six (6) graduate hours May 20, 2008 thru December 12, 2008

Current graduate students may enroll in the course through their advisor CED 699.11 For additional information contact the CED program office at 536-7147

Applicants with a bachelors degree who are not currently enrolled at SCSU must complete the attached applications or contact The Graduate School (803) 536-7064 for non-degree status
APPLICATION FOR ADMISSION FOR CAREER DEVELOPMENT FACILITATOR CERTIFICATE

NOTE: Approval of this application admits students for two consecutive academic terms only.

Admission Criteria: Credentials for admission to the School of Graduate Studies as a nondegree student for the purpose of pursuing the Career Development Facilitator Certificate are: (1) Completion of this Application for Admission, (2) $25.00 nonrefundable application fee; (3) Copy of Current Educator Certificate or highest level degree transcript; and (4) Proof of Residency Questionnaire and Oath of Residency with two supporting documents.

I wish to enroll in:  Spring 20     Summer 20     Fall 20

Name: ____________________________________________________________
Last       First       Middle/Maiden       Social Security Number

Date of Birth: ____________       Marital Status: ___Single ___Married ___Widowed ___Divorced       Sex: ___Male ___Female

Previous Full Name, if applicable: __________________________________________

Home Phone: ( ) ____________       Work Phone: ( ) ____________       Cell Phone: ( ) ____________

Mailing Address: __________________________________________
Street or PO Box Number       City       County       State       Zip Code

Email Address: __________________________________________

The following information is required by the U.S. Department of Education in compliance with Title VI of the 1964 Civil Rights Act. Please check the appropriate category: ___Black (Non-Hispanic) ___American Indian/Alaskan ___Asian/Pacific Islander ___International (Non-Resident Alien) ___White (Non-Hispanic) ___Hispanic ___Other

List Course Prefix and Title in Which You Expect to Register This Term: ______

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Title in Which You Expect to Register This Term</th>
<th>Enrollment Objective</th>
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<tbody>
<tr>
<td>1. CED 699</td>
<td>Facilitating Career Development (Part I) Summer Session (5 Credit Hours)</td>
<td>X CDF Certificate</td>
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<tr>
<td>2. CED 699</td>
<td>Facilitating Career Development (Part II) Fall Semester (5 Credit Hours)</td>
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List Degrees Earned

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<th>Degree</th>
<th>Name of Institution</th>
<th>City and State</th>
<th>Year Degree Earned</th>
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</table>

Are you a certified educator? ___Yes ___No In which state? ____________ Certificate No: ____________ (Copy Required)

If you have ever been admitted to the School of Graduate Studies at SCSU, but did not earn a degree, what was the last semester and year of your attendance? (Circle) Fall Spring Summer (Year) ______ Total hours earned: ______

I certify that all information given by me above is true to the best of my knowledge. I understand that the University Catalog and other official University publications constitute my contract with South Carolina State University and that any delay or failures in meeting course and/or certification requirements caused by my failure to comply therewith are my personal responsibility. The submission of fraudulent records constitutes grounds for denial of admission or dismissal from the University. I understand that to enter a graduate/advanced degree program in the future, I must submit an Application for Graduate Admission and meet all admission requirements as stated in the SCSU Graduate Catalog.

Signature of Applicant: __________________________________________
Date: ____________

PLEASE DO NOT WRITE BELOW THIS LINE

Approval: Chair/Academic Program Coordinator of Counselor Education
Date: ____________

Approval: Dean, School of Graduate Studies
Date: ____________

Revised 03/27/2008 aab-j
South Carolina State University is required, under South Carolina Law 59-112, to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees that requires substantiating documentation. Each applicant/student must also sign an Oath of Residency. If you have attended school and/or resided out-of-state, additional proof of residency may be required. Military personnel/dependents must submit proof of military assignment in South Carolina at each enrollment. Non-U.S. citizens must provide proof of immigration status.

**PROOF OF RESIDENCY**

**QUESTIONNAIRE & OATH OF RESIDENCY**

Attach two of the documents listed below to this completed form and return them to: Graduate Admissions, South Carolina State University, Box 7098 - 300 College Street, NE - Orangeburg, SC 29117-0001.

Name ________________________________  SSN: __________________

Address ________________________________  
P.O. or Street Address - Apt. No.  
City  
State  
Zip Code  

1. Are you a U.S. citizen?  _Yes  _No
   If not a citizen, do you hold permanent resident status for the U.S.?  _Yes  _No
   Permanent resident card information: Date issued: _____  
   Number: ________________

2. Do you consider yourself a resident of South Carolina for tuition purposes?  _Yes  _No
   If “Yes,” answer the following:
   a. How long have you resided in South Carolina?  _____ Years and _____ Months
   b. County of Residence: __________________________,  
      _____ Years and _____ Months
   c. Previous state or country of residence: __________________________

3. If your claim for residence status is based upon your SPOUSE, answer the following questions:
   a. Full name of person upon whom claim is based: __________________________
   b. How long has this person resided in South Carolina?  _____ Years and _____ Months
   c. County of Residence: __________________________,  
      _____ Years and _____ Months
   d. Previous state or country of residence: __________________________
   e. Is this person a U.S. citizen?  _Yes  _No
   f. Has this person claimed you as a dependent for U.S. federal income tax purposes for year preceding your registration?  _Yes  _No  *(If yes, copy of tax return required).*
   g. Will this person claim you for the current tax year?  _Yes  _No

4. Are you using a military waiver to pay in-state tuition?  _Yes  _No  *(Copy of Military Orders Required)*

**OATH OF RESIDENCY:** My signature below certifies that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate penalties and disciplinary action. I authorize the University to verify the information I have provided.

Signature ________________________________  
Date ________________

Telephone No. __________________________  
email address __________________________

**A minimum of two of the following documents must accompany your completed “Proof of Residency Questionnaire”:**

- A statement of full-time employment from your personnel director or designee on employer’s letterhead. Statement must include dates of employment and number of hours you work per week.
- Copy of Voter’s Registration Card
- Copy of Driver’s License or SC Identification Card
- Copy of Vehicle Registration
- Copy of Visa or Resident Alien Registration Card (Front and Back)
- Copy of State and/or Federal Income Tax Return(s) from previous year
- Copy of Most recent W-2 Forms
- Copy of Military Orders

You may visit the following website for additional information regarding residency law, requirements, and visa classifications:

http://www.che.sc.gov/StudentServices/Residency/Residency.htm

Revised 7/21/95 aah-j
Contact Information:

Dr. Philip M. Scriven
803-536-7147

or

Ms. H. Denise Kearse
803-535-1409

National Career Development Facilitator Training

Sponsored by
The Counselor Education Program
At
South Carolina State University
300 College Street, NE
Orangeburg, South Carolina
Philip Scriven, Ph.D., Program Director
H. Denise Kearse, Ed.S., GCDFI, Instructor
Course Description

This course is designed to train K-14 educators and other professionals who offer career assistance and guidance services in Career Development Facilitation (CDF) by focusing on career development theory and model; student/client diversity; assessment; ethical and legal issues; labor market information and resources; employability skills, and use of technology. Instruction should lead to a better understanding of career development resources and assessments and an awareness of one's professional strengths and needed improvements in the area of career guidance. Participants will collaborate with fellow classmates to address challenging situations and explore community resources.

Target Audience

Individuals with a bachelor's degree who are committed to assisting students and other citizens in making wise and informed career decisions.

Facilitating Career Development
Summer 2008—Fall 2008

DATES: May 20, 2008—December 13, 2008


Fall: August 20, 2008—December 13, 2008

There will be 30 additional hours of Web CT utilized to successfully complete the course requirements.

This is a two (2) semester, six (6) credit hour course. The entire course must be completed to qualify for CDF certification.

TIME: Thursday evenings 6:00 pm – 9:00 pm

LOCATION: South Carolina State University Turner Hall, D Wing, Room 322

Registration Procedures

Mail this registration form to the address listed

Once your application has been processed, you will receive notification of your acceptance.

* Participants must have at least a Bachelor's degree in order to take this course. A textbook is required for the course. Check with the course instructor.

Facilitating Career Development Registration Form

Name (please print)

Social Security Number

Home Address

Home Phone

Email Address

School/Business Name:

School/Business Address:

School/Business Phone:

School/Business Fax:

Your Title:

Registration Deadline: May 19, 2008

Mail this completed registration form to:

The Counselor Education Program
South Carolina State University
P.O. box 7456
Orangeburg, South Carolina 29117
803-536-7147