

MASTER OF SCIENCE PROGRAM

DEPARTMENT OF PSYCHOLOGY
California State University, Fullerton

For Office Use Only

PSYC GPA
Last 60 Unit

Please Type or Print

Date _____

Name _____ Phone _____

Address _____ Email _____

_____ Ethnicity _____
City State Zip Code

Other names under which records may be recorded _____

Languages spoken and fluency _____

EDUCATIONAL INSTITUTIONS: List the name and location of every educational institution you have attended subsequent to high school. List most recently attended first. Please submit official transcripts from **all** institutions you have attended (in the original sealed envelope) with your application. **Any action based on your responses to this questionnaire is subject to revision upon verification by official transcripts.**

Institution	Major	Dates Attended	Degree (if any)	Month & Year received or will receive	G.P.A.

Cumulative GPA _____ GPA in last 60 units _____ GPA in Psychology _____

RECOMMENDATIONS: List the names and positions of three individuals familiar with your work in psychology whom you have asked to submit letters of recommendation. At least one letter should be from a **psychology professor**. One letter may be from your clinical supervisor (paid or volunteer) with a description of duties you performed and your **supervisor's license number**. **Please include letters of recommendation (in original sealed envelopes) with your application.**

Name	Position	Institution/Agency

GRADUATE RECORD EXAMINATION: Please have your scores on the Aptitude and Advanced Psychology sections of the GRE reported directly to the Department of Psychology Graduate Office. Please note your scores below.

Verbal _____ Quantitative _____ Analytical _____ Advanced Subject _____

EXPERIENCE IN A CLINICAL SETTING IS REQUIRED FOR ADMISSION TO THE MS PROGRAM

Briefly describe any applied volunteer or paid positions you have held that provide clinical experience. Specifically describe your duties (e.g., co-facilitator), including internships, type of supervision, and give the **License Number of supervisor**. Your supervisor should confirm your duties and dates of service on the Recommendation form or, if he/she is not one of your recommenders, on the Clinical Experience Verification form. **If they do not have a California license, please provide supervisors' position title**. If your supervisor is no longer available, the current administrator may verify your experience and your supervisor's status. However, you will need to include an additional reference. Clinical experience is a requirement for admittance to the Master of Science Program.

Position Title: _____

Agency: _____

Dates of Service: _____

Description of Duties: _____

Supervisor, Title and License No: _____

Position Title: _____

Agency: _____

Dates of Service: _____

Description of Duties: _____

Supervisor, Title and License No: _____

The M.S. Program is a full-time program with core classes offered during the day. It is not possible for students to attend on a part-time or evenings-only basis. Will you be able to attend the MS Program full time? _____

RESEARCH EXPERIENCE IS REQUIRED FOR ADMISSION TO THE MASTER OF SCIENCE PROGRAM

Please describe any paid or volunteer RESEARCH positions you have held.

Title of Project: _____

Research Supervisor and Title: _____

Dates of Service: _____

Did project result in your authorship on a conference presentation or publication?
If yes, please give the full APA-style citation for the conference paper or journal article.

Description of duties (i.e., data collection, interviewing, scoring, writing presentation, conceptualization and planning):

Title of Project: _____

Research Supervisor and Title: _____

Dates of Service: _____

Did project result in your authorship on a conference presentation or publication?
If yes, please give the full APA-style citation for the conference paper or journal article.

Description of duties (i.e., data collection, interviewing, scoring, writing presentation, conceptualization and planning)

Please attach a statement of purpose. Discuss such topics as (1) why you would like to be admitted to the program; (2) past research and clinical experience; (3) career objectives; (4) personal qualities and strengths and weaknesses in your preparation for graduate study in an applied clinical program; (5) why you want to become a clinician; and (6) whether you have any special skills for working with specific populations.

Your application to the Department of Psychology M.S. Graduate Program cannot be considered by the Graduate Studies Committee unless the departmental application, your statement of purpose, all transcripts, three letters of recommendation (including one letter verifying your clinical experience or a Verification of Clinical Experience form) have been received by **JANUARY 15**. Completed applications submitted by Jan. 15 are assured for full consideration.