MASTER OF SCIENCE PROGRAM

DEPARTMENT OF PSYCHOLOGY California State University, Fullerton

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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**. The letters will be submitted and uploaded online directly by your writers through the CSU application.

Name	Position	Institution/Agency

COURSE REQUIREMENTS FOR MS ADMISSION

Education: Please list below All Psychology courses completed or now in progress. *If you are deficient,* please indicate when you plan to meet requirements.

Lower Division	Course Title	Course No.	University	Professor	Grade/Units
Intro Psychology					
Research Methods					
Elementary Statistics					

Upper Division	Course Title	Course No.	University	Professor	Grade/Units
Abnormal Psychology					
Physiological/					
Biopsychology					
The following	classes are required	for classified st	anding and re	quire a grade of "l	B" or better.
Psychological Testing					
Advanced Statistics *					

^{*}A placement exam will be required for students who did not complete advanced statistics at CSUF

List below ALL other Psychology course work you have taken or are taking

Course Title	Course No.	University	Professor	Grade/Units

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 <u>License Number</u> 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.

Design Title	
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:	
students to attend on a part-time or full time?	gram with core classes offered during the day. It is not possible for evenings-only basis. Will you be able to attend the MS Program
RESEARCH EXPERIENCE IS REPROGRAM	EQUIRED FOR ADMISSION TO THE MASTER OF SCIENCE
Please describe any paid or volun	nteer 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) have been received by JANUARY 15. Completed applications submitted by Jan. 15 are assured for full consideration.