

Department of Psychological Sciences
Joint Undergraduate/Masters Program (JUMP) in Psychology Application Form

Return to: Western Kentucky University
 Department of Psychological Sciences
 ATTN: Graduate Program Coordinator
 1906 College Heights Blvd. #22030.
 Bowling Green, KY 42101-2030

Please type or print clearly.

Enter full legal name. Do not use initials. This name is to be used on all of your records and correspondence.

LAST NAME	FIRST	MIDDLE	OTHER NAMES UNDER WHICH RECORDS HAVE BEEN ISSUED			
YEAR OF EXPECTED ENTRANCE FALL 20 ____		EMAIL ADDRESS				
CURRENT/LOCAL MAILING ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE	UNTIL DATE
PERMANENT HOME ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE	

Psychology Courses Taken, Credit Hours, and Grades

COURSE TITLE	NO.	SCHOOL & DEPARTMENT OFFERING COURSE	HOURS	GRADE	SESSION COMPLETED	GRADUATE (G) UNDERGRADUATE (U)

CUMULATIVE UNDERGRADUATE GRADE POINT AVERAGE (GPA)	UNDERGRADUATE GPA IN PSYCHOLOGY
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ACT OR SAT SCORES

	Score/Date	Score/Date		Score/Date	Score/Date
1. ACT English	_____	_____	1. SAT Critical Reading	_____	_____
2. ACT Mathematics	_____	_____	2. SAT Writing	_____	_____
3. ACT Science	_____	_____	3. SAT Mathematics	_____	_____
4. ACT Reading	_____	_____			
5. ACT Composite	_____	_____			

ACADEMIC HONORS, PRIZES, ELECTION TO HONORARY SOCIETIES, DISTINCTIONS, SCHOLARSHIPS, FELLOWSHIPS, PUBLICATIONS, PROFESSIONAL SOCIETY MEMBERSHIPS

POSITION TITLE AND DESCRIPTION OF JOB ACTIVITIES	LOCATION	DATES	PAID OR VOLUNTEER
1. _____ _____ _____	1. _____ _____ _____	1. FROM _____ TO _____	1. _____
2. _____ _____ _____	2. _____ _____ _____	2. FROM _____ TO _____	2. _____
3. _____ _____ _____	3. _____ _____ _____	3. FROM _____ TO _____	3. _____

REFERENCES: List name, title, address, and phone number of a person acquainted with your ACADEMIC and/or PROFESSIONAL WORK whom you have asked to forward a letter of recommendation to the Department of Psychological Sciences.

RESEARCH MENTOR: List the names of up to three (3) faculty members in the Department of Psychological Sciences whose research is of particular interest to you.

1. _____

2. _____

3. _____

I certify that the foregoing statements and all other information and transcripts submitted by myself in connection with this application for admission are true and correct. I understand that falsification or deliberate omission of information is grounds for rejection of the application or dismissal from the school.

_____ Date Agreed

_____ Applicant's Signature