

WKU Psychology Department Graduate Program Application Form

Clinical Psychology (Master's) and School Psychology (Specialist in Education)

*Please type or print clearly. This form is used to apply **both** for admission to the program and for a graduate assistantship.*

LAST NAME	FIRST	MIDDLE (No initials)	OTHER NAMES UNDER WHICH RECORDS HAVE BEEN ISSUED
YEAR OF EXPECTED ENTRANCE FALL, 20_____	EMAIL ADDRESS		PHONE NUMBER
CURRENT/LOCAL MAILING ADDRESS: STREET CITY STATE ZIP CODE UNTIL DATE (If applicable)			
PERMANENT HOME ADDRESS: STREET CITY STATE ZIP CODE			
INDICATE IF YOU WOULD LIKE TO BE CONSIDERED FOR A GRADUATE ASSISTANTSHIP (Circle one) Yes No			DESIRED PROGRAM OF STUDY (Circle one) Clinical School

Please list the following information about psychology courses you have taken. (Attach supplementary sheet if necessary.)

COURSE TITLE	NUMBER	UNIVERSITY OFFERING COURSE	CREDIT HOURS	GRADE	GRADUATE (G) UNDERGRADUATE (U)

CUMULATIVE UNDERGRADUATE GRADE POINT AVERAGE (GPA)	JUNIOR/SENIOR YEARS' GPA	UNDERGRADUATE GPA IN PSYCHOLOGY
--	--------------------------	---------------------------------

Score & Date 1. GRE Verbal: _____ 2. GRE Quantitative: _____ 3. GRE Writing: _____	Score & Date (if retaken) _____ _____ _____	OTHER LANGUAGES (Indicate level of reading and speaking ability, as applicable.)
---	--	--

SUMMARY OF ACADEMIC HONORS, AWARDS, MEMBERSHIP IN SOCIETIES or ORGANIZATIONS, DISTINCTIONS, SCHOLARSHIPS, PUBLICATIONS, ETC.

Please list relevant occupational or professional experiences. Include military, volunteer, or teaching experiences, as appropriate.

POSITION TITLE AND BRIEF DESCRIPTION OF EXPERIENCE	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 names, titles, and phone numbers or email addresses of three persons acquainted with your academic and/or professional work whom you have already asked to forward letters of recommendation as part of these application materials.

1. _____

2. _____

3. _____

RESEARCH INTERESTS: List one to three WKU psychology department faculty with whom you would like to conduct research.

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 and an assistantship 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

After signing this application, return it in one of two ways (scanning it is preferred):

1. Scan it and send it as an attachment to The Graduate School at:
graduate.school@wku.edu

2. Mail it to: The Graduate School
Western Kentucky University
1906 College Heights Blvd. #11010
Bowling Green, KY 42101-1010