

PITTSBURG STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY AND COUNSELING
APPLICATION FOR GRADUATE ADMISSION

Return all completed material by email to: psych@pittstate.edu

PERSONAL DATA

Name: _____

(first middle [maiden] last)

Please check the preferred mailing address:

Current Address: _____

(street/route, city, state, zip)

Permanent Address: _____

(street/route, city, state, zip)

Phone: _____ Date of Birth: _____ E-Mail Address: _____

ACADEMIC INFORMATION

Degree Program Sought:

M.S. General Psychology

M.S. School Counseling (Pre-K to 12)

M.S. Psychology (Behavior Analysis)

M.S. Clinical Psychology

Ed.S. School Psychology

Certificate in Behavior Analysis

Do you plan to attend school full-time part-time ?

Semester and year you plan to begin graduate study: Fall _____ Spring _____ Summer _____

Have you previously applied to a program in our department? Yes No

If yes, when and what program? _____

Were you admitted or denied? _____

Previous Graduate Work

Name of Institution: _____

Degree(s): _____ Major: _____

Hours Completed: _____ Grade Point Average: _____ Date of Degree: _____

Graduate Research (if more room is needed, please list on a separate page)

_____ conducted assisted

Undergraduate

Name of Institution: _____

Degree: _____ Grade Point Average: _____ Date of Degree: _____

Undergraduate Major: _____ Undergraduate Minor: _____

Undergraduate Research (if more room is needed, please list on a separate page)

_____ conducted assisted

Honors: Departmental _____

Other _____

Organizations: Psi Chi Departmental Other _____

Special Comments about Abilities or Performance: _____

Special Interests in the Field: _____

PLEASE COMPLETE BOTH PAGES

Work Experience:

Employer: _____ Dates: _____

Supervisor: _____ Phone Number: _____

Position: _____ Responsibilities: _____

Employer: _____ Dates: _____

Supervisor: _____ Phone Number: _____

Position: _____ Responsibilities: _____

Have you ever been convicted of a crime involving violence or exploitation of others? No Yes If yes, please explain

Three completed professional recommendation forms must be sent by the recommenders to the Department of Psychology and Counseling, Pittsburg State University, 1701 South Broadway, Pittsburg, KS 66762. Please list their names below.

1. _____
(Name, Position, Address, City, State, Zip, Phone)

2. _____
(Name, Position, Address, City, State, Zip, Phone)

3. _____
(Name, Position, Address, City, State, Zip, Phone)

GRE Scores: V: _____ Q: _____ W: _____ Taken _____ or Date Scheduled to Take: _____

If admitted, I agree to abide by all department policies, rules, and regulations regarding appropriate behavior and professional conduct. I understand that the Department of Psychology and Counseling will make appropriate inquiries with Validity Screening Solutions regarding the applicant's history of convictions for crimes involving violence or exploitation of others. I understand that the inclusion of any false or misleading information on this application form will result in my dismissal from the program and termination of my graduate studies at PSU.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing the name below, I am electronically signing my application.

Signature: _____ Date: _____

This application and supporting documents will NOT be returned to the applicant. Complete official transcripts of all courses and degrees previously received must be sent directly to the Office of Graduate and Continuing Studies, Pittsburg State University, from the appropriate registrars in support of this application.

Pittsburg State University does not prohibit nor limit admission because of race, sex, color, creed, or national origin.

NOTE: Students are not normally eligible for financial aid until they have been admitted to a degree program.