

List academic awards, prizes, honors, or fellowships: _____

List non-academic distinctions (professional awards or honors): _____

List professional papers and articles: _____

Military Service: Yes No Branch and date of discharge, if applicable: _____

List professional, volunteer and/or related internship/fieldwork positions that you have held during the last five years:

Organization _____ Type of industry _____

Position title _____ Dates employed _____

Organization _____ Type of industry _____

Position title _____ Dates employed _____

Organization _____ Type of industry _____

Position title _____ Dates employed _____

Will your tuition be reimbursed in part or in full by the company for which you work?

Yes No

Do you plan to apply for financial assistance to help pay for your tuition?

Yes No

How did you learn about ULV? _____

Supplemental Statements:

A statement of purpose, an autobiographical statement, and a curriculum vitae must accompany this application form. Please submit a statement of professional goals and aspirations, explain why you want to pursue doctoral study in clinical-community psychology, and outline what you anticipate for your future as a result of earning the Psy.D. This statement should not exceed 500 words and should be 2-3 typed, double-spaced pages.

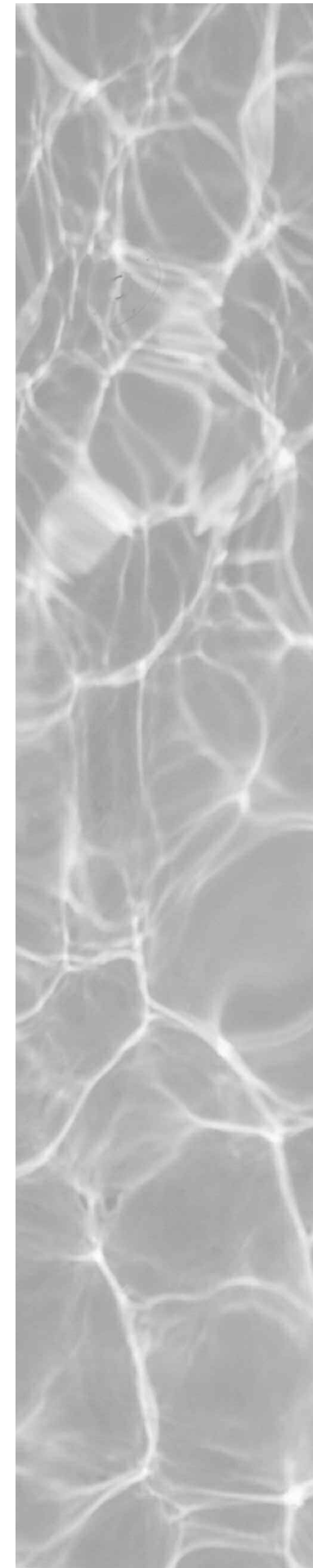
In addition, please submit an autobiographical statement. This document should address ways in which your life experiences have influenced and shaped the decision to pursue psychology as a profession. This statement should not exceed 1,000 words, and should be 3-4 typed, double-spaced pages.

Please read and sign:

I certify that to the best of my knowledge the information furnished in this application is true and complete. I understand that all application materials forwarded to the University become the property of the University and will not be released or returned to me or forwarded to another individual or institution. I also agree to accept the appropriate University catalog as the basis for decisions about University programs and policies.

Signature of Applicant: _____

Thank you for your interest in the University of La Verne!



Application for Admission

**Doctor of Psychology:
Clinical-Community Psychology
APA Accredited**



PSYCHOLOGY DEPARTMENT



Application for Admission

College of Arts and Sciences

Doctor of Psychology (Psy.D.)

Return this form with a \$75 non-refundable application fee to:
Graduate Admissions & Academic Services
1950 3rd Street, La Verne, CA 91750
(Fee waived for ULV grads)

Please print or type

Date _____ / _____ / _____ Social Security No. _____

Name _____
Last First Middle Maiden/Other Names

Mailing Address _____
Street City State 9 Digit Zip

Permanent Address _____
Street City State 9 Digit Zip

Home Phone (_____) _____ Business Phone (_____) _____
Area Area

Sex: M _____ F _____ Cell (_____) _____ Fax (_____) _____
Area Area

E-mail Address: _____ Marital Status: ___ Married ___ Not Married

Birthdate _____ Country of Birth _____ Country of Citizenship _____

Present Position Title: _____ Employer _____

Business Address _____
Street City State 9 Digit Zip

If you are not a U.S. citizen, please indicate your immigration status:

- International Student
- Permanent Resident
- Visiting Scholar
- Resident Alien
- Other. Please indicate: _____

Optional—Please check one category only to describe your ethnic heritage:

- A—American Indian or Alaskan Native
- H—Latino/Hispanic
- P—Asian / Pacific Islander
- C—White
- B—African-American/Black
- M—Multi-Ethnic
- O—Other, please indicate: _____
- U—Unknown

When do you plan to begin the doctoral program? Year: _____

Have you previously registered at the University of La Verne?

_____ Yes _____ No If yes, when? _____

Educational Background

Official transcripts are required for bachelor's and master's degrees and for any undergraduate or graduate work which will support your application for admission or be considered for transfer credit. Degrees must be from a regionally accredited college or university.

List all colleges or universities attended from which you are requesting transcripts.
(ULV transcripts will be obtained by the Graduate Admissions Office.)

Name of Institution(s): Undergraduate Work	City & State	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Institution(s): Graduate Work	City & State	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate Major _____ Undergraduate Minor _____

Senior Project or Honors Thesis, if any: _____

Graduate Major (if applicable) _____ Graduate Minor _____

Thesis or Graduate Paper: _____

Estimate of undergraduate GPA _____ Below 2.75 _____ 2.76-3.0 _____ 3.0-3.50 _____ Above 3.50

Estimate of graduate GPA _____ Below 2.75 _____ 2.76-3.0 _____ 3.0-3.50 _____ Above 3.50

References

List below three references who are acquainted with your academic or professional qualifications. Please do not use relatives or personal friends. Include at least one reference from a work supervisor and one from an academic setting if possible. Provide each of these people with one of the enclosed reference forms and ask them to return it directly to the Graduate Admissions Office.

Name _____ Telephone (_____) _____

Address _____ City _____ State _____

Name _____ Telephone (_____) _____

Address _____ City _____ State _____

Name _____ Telephone (_____) _____

Address _____ City _____ State _____

Additional Information

Please provide all of the following information:

Professional credentials and/or licenses for California now held. Please name: _____
