

PROGRAM APPLICATION

1. Demographic Information

Last Name: _____ First Name: _____ Middle Initial: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ e-mail: _____
Gender: _____ Male _____ Female _____ Other
Date of Birth: _____ Place of Birth: _____ SSN: _____
Are you a Mississippi resident? _____ Yes _____ No
Are you a United States citizen? _____ Yes _____ No

2. Academic Background

GRE Scores (Report the highest score earned on each subtest):

_____ Verbal _____ Quantitative _____ Analytical

Undergraduate Studies History

A. College 1:	City:	State:	Degree:
Major:	GPA:	Dates:	
B. College 2:	City:	State:	Degree:
Major:	GPA:	Dates:	
C. College 3:	City:	State:	Degree:
Major:	GPA:	Dates:	

Graduate Studies History

A. College 1:	City:	State:	Degree:
Major:	GPA:	Dates:	
B. College 2:	City:	State:	Degree:
Major:	GPA:	Dates:	
C. College 3:	City:	State:	Degree:
Major:	GPA:	Dates:	

3. Clinical Experience

A. List employment history in clinical settings (clinics, hospitals, social service agencies, etc.).

Employer	Job Title	Hours per week	Start Date	End Date

B. List clinical training experiences in clinical settings (clinics, hospitals, social service agencies, etc.).

Employer	Job Title	Hours per week	Start Date	End Date

C. *Licensure/Certification:* Please list any current licenses or certifications in mental health fields:

1. Title:

Number:

State:

2. Title:

Number:

State:

4. Research and Teaching Experience

A. List research experience (laboratories, faculty research, etc.).

Employer	Job Title	Hours per week	Start Date	End Date

B. List teaching experience.

Position	Course Title	School	Date

5. Publication/Presentation/Symposium History

- A.** List the complete reference(s) of publications in refereed national or international journals in which you are listed as an author or co-author.

- B.** List the complete reference(s) of any publications in refereed regional or state journals in which you are listed as an author or co-author.

- C. List the complete reference(s) of any published book chapter, manual, or abstract in which you are listed as an author or co-author.

- D. List the complete reference(s) of any authored and co-authored poster presentations at conferences/conventions/etc.

- E.** List the complete reference(s) of any symposia, workshops, and seminars you have conducted at conferences/conventions/etc.

- F.** List any notable accomplishments and awards you have received.

6. **Personal Essays:** The responses (11-font size) should not exceed the length of the box.

- A. Please provide an autobiographical statement. (Answer this question as if someone had asked you, *“Tell us something about yourself.”*)

B. Describe the kind of career in psychology would you like to have, and in what setting would you like to work.

C. Describe how did you first become interested in psychology, and why did you decide to make it your career.

D. Describe your: *a) Research experience and b) Research interests.*

E. Describe your: *a) Clinical experience and b) Clinical interests.*

F. Please identify which faculty members you would like to gain research and/or clinical experience and why.

G. How do you envision that this clinical program will meet your training goals and interests?

H. Specifically explain the strengths and weaknesses in your application? Also, identify any special qualifications or experiences that you believe are noteworthy?

I. If applicable, please explain why you unsuccessfully completed a past graduate program.

7. Professional Conduct: The responses (11-font size) should not exceed the length of the box.

- A. Has any type of disciplinary action ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing/certification board?

☐ Yes

☐ No

If yes, please explain:

- B. Are there any complaints currently pending against you by a formal governing body?

☐ Yes

☐ No

If yes, please explain:

- C. Have you ever been requested to withdraw/resign from a clinical/research placement/job?

☐ Yes

☐ No

If yes, please explain:

D. Have you ever been requested or forced to resign from a graduate training program, internship/practicum site, and/or employer?

☐ Yes

☐ No

If yes, please explain:

E. Have you ever been placed on probationary status, suspended, and/or dismissed by a graduate training program, internship/practicum site, and/or employer?

☐ Yes

☐ No

If yes, please explain:

8. References

List the names and contact information of the persons that will submit your letters of recommendation. A total of three letters of recommendation from individuals qualified to assess the applicant's academic and professional potential must be submitted directly to the program. Each letter must be accompanied by the program-specific Recommendation Form completed by the letter writer, which can be accessed at:

<http://www.jsu.edu/graduateschool/files/2012/08/generic-form.pdf> A minimum of two letters must be written by faculty members or faculty mentors familiar with your academic performance; the third letter may be written by qualified individuals who have supervised any previous clinical or research work. No more than four letters of recommendation will be accepted.

A. *Recommender #1*

Name:

Phone:

e-mail:

B. Recommender #2

Name:

Phone:

e-mail:

C. Recommender #3

Name:

Phone:

e-mail:

D. Recommender #4 (Optional)

Name:

Phone:

e-mail:

9. Deadline and Review Process

All application materials must be submitted by January 15th of each year (Fall admission only). Shortly after this date, the graduate faculty will begin the initial review of all complete applications. Incomplete applications may not be reviewed after this date. After thoroughly reviewing the applications, the graduate faculty will develop a list of applicants that will be invited to be interviewed by the graduate faculty. Shortly after the interview process is completed, applicants will be submitted acceptance letters. See the web link below for the *Student Selection Process*: <http://www.jsums.edu/psychology/ph-d-in-clinical-psychology-student-admission-outcomes-and-other-data/forms/>

Jackson State University is committed to the principles of equal education opportunity, equal employment, and affirmative action. The University does not discriminate on the basis of race, color, sex, handicap, age, religion, national origin, veteran status, or on any other illegal basis.

Applicant Consent

"I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for admission to or continuation in the clinical psychology doctoral program at Jackson State University."

Print Name:

Signature: _____

Date: _____

IMPORTANT NOTE: Please enclose all application materials (i.e., program application, official transcripts, letters of recommendation, curriculum vitae, supporting documentation, etc.) in one application packet, which the applicant should send directly to the address noted below. All letters of recommendation should be placed in a sealed envelope with letter writer's signature written on the seal portion of the letter to show that the letter has not been opened. The letter writer does have the option to send the letter directly to the psychology department, however. Official transcripts should also be sealed. Any opened letters of recommendation will be voided and returned to the applicant.

Send to: Attention: Dr. Juliette Schweitzer
Interim Director of Clinical Training
Jackson State University – Psychology Department
P.O. Box 17550
Jackson, MS 39217-0350