

APPLICATION AFFIDAVIT

I understand that it is my responsibility to do the following:

- _____ Submit a completed Graduate Application through csumentor.edu
- _____ Submit a completed Department of Psychology Application through csumentor.edu
- _____ Return completed materials by the appropriate deadlines to the appropriate offices
- _____ Participate in group and/or individual interviews, if invited

I certify that:

- _____ all statements, transcripts, and other information submitted with this application are true, complete, and correct; and
- _____ all responses in the essay section are my own work

I understand that falsification or deliberate omission of information is grounds for rejection of my application or dismissal from the program.

Applicant signature _____ Date _____

Applicant printed name _____

This form should be mailed directly to the Department of Psychology, 2576 E San Ramon, M/S ST11, Fresno, CA 93740-8039.