

Application For Admission to Masters Program Department of Psychology College of Science and Mathematics California State University, Fresno

Have you previously applied to our program? _____

Please Type.	Date:		
	I. PERSONAL INFOR	MATION	
NAME:			
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	
BIRTHPLACE:			
ADDRESS:	Q.		
	Street		
City	State	Zip Code	
MAILING ADDRESS (if differen Street	City/State	Zip Code	
E-Mail ADDRESS:			
PHONE NUMBER:	H	Work	
		EMERGENCY NUMBER:	
CONTACT FERSON.	1	EMERGENCT NOMBER.	
	OGRAM IN THE DEPAR CHOOL OF NATURAL	RTMENT OF PSYCHOLOGY SCIENCES	
Please check the degree program t study, a change in degree program		(After admission to a particular program of	
M.A. Psychology (30 unit prog	gram) M.S. Sch	ool Psychology Program (77 unit program)	
Expected Date of Entry:	Fall/Spring		
Do you plan to continue your stud	lies beyond the Master ls D	egree? YesNo	

III. ACADEMIC INFORMATION

NAMES AND ADDRESSES OF ALL COLLEGES/UNIVERSITIES PREVIOUSLY ATTENDED

School Name & Address	Dates Attended	Graduation Date Degree Earned	Major	GPA	
If you are currently enrolled in courses that will not appear on your transcript. Please list these courses below.					
GRE SCORES. The Department of Psychology requires that students take both the general and subject test in psychology for admission. Please see our brochure for more details. GRE General Test Scores: Verbal + Quantitative: =					
Subject Test: Score Perce	entile				
School Psychology applicants must	also submit these	additional requirem	nents:		
1. C-BEST Pass	Fail	(verification	copy needed)		
2. Sign attached statement verifying lack of criminal record (form attached)					
Completed medical clearance (form attached).					

Note: Please attach copies of your GRE scores, C-BEST scores, and official transcripts to your completed department application.

SPECIAL PROJECTS, PUBLICATIONS, HONORS, AWARDS, SCHOLARSHIPS, AND MEMBERSHIPS IN HONORARY SOCIETIES:			
IV. WORK EXPERIENCE			
Work experience (paid or volunteer) relevant to degree objective:			

Employer Name Address	Dates To/From	Position/Duties Supervisor	Hours per Week

V. ESSAY SECTION

FOR ALL APPLICANTS OF **ALL** PROGRAMS

Respond to the following question. Limit your response to a maximum of three double spaced pages.

Identify your professional goals; present your vision of yourself as a psychologist, and address why you will be $\square good \square$ for the profession.

ADDITIONAL SCHOOL PSYCHOLOGY ESSAY QUESTION:

Respond to the following questions in addition to the essay question above. Limit your response to three double spaced pages.

How will your cultural/ethnic identity influence your effectiveness as a school psychologist?

FOR ALL APPLICANTS AFFIDAVIT

I understand t	that it is my responsibility to submit the following:
1)	Completed Department of Psychology Graduate Application.
2)	Completed application for Graduate Admissions to CSU, Fresno.
3)	Return completed materials by the appropriate deadlines to the appropriate offices.
4)	Participate in a small group interview or individual interview, if invited.
and co	tements, transcripts, and other information submitted with this application are true, complete orrect; and ponses in the essay section are my own work.
I unde	erstand that falsification or deliberate omission of information is grounds for rejection of my dismissal from the program.
	Applicant signature Date

MEDICAL CLEARANCE FOR PUPIL PERSONNEL SERVICES CREDENTIAL WITH ADVANCED SPECIALIZATION IN SCHOOL PSYCHOLOGY

Name	2 :		Date:		
	E:Last	First	_		
Addr	ess:	Cityl	State	Zip C	- 1-
	Street	City/	State	Zip C	ode
Socia	al Security Number:				
PAR' Direc	T A: etions to applicant: Answer each of the	e following questions.			
1.	Have you had a serious illness or injury	in the past ten years?	Y	es	No
2.	Do you have a physical disability or con	ntinuing medical problem?	Yes	No	
3.	Are you under the care of a physician or	r surgeon at the present time?		Yes	No
4.	Have you ever been confined to a menta	al hospital or institution?		Yes	No
	Applicant Signature	Date		_	
PAR	Т В:				
Certi	ification by Medical Professional				
	is to certify that the applicant is free o cal or mental defect making applicant				erculosis) or
Ву: _	Signature			<u></u>	
	Signature	Date			
	Printed Name	Title		_	

Return completed form to: Coordinator, School Psychology Program

CSU, Fresno

Department of Psychology

5310 N. Campus Drive M/S PH11

Fresno, CA 93740-8019

VERIFICATION OF NO CRIMINAL RECORD FOR THE PUPIL PERSONNEL SERVICES CREDENTIAL WITH ADVANCED SPECIALIZATION IN SCHOOL PSYCHOLOGY

I certify that I have never been convicted of a crime other than a minor traffic violation.				
Applicant∐s signature	Date			
Printed name				

TEACHING ASSISTANT PRELIMINARY APPLICATION

Name Semester in CSUF Graduate Program	
Have you been employed as a Teaching Assis	stant at CSU, Fresno before?
Number of Graduate Units Completed	Have you been Advanced to Candidacy?
Courses you are interested in being a Teachin	ng Assistant for. Check all that apply.
Psychology 10 Introduction to Psychology	Psychology 144 Research Methods
Psychology 125 Physiological Psychology	Psychology 149 Psychological Testing
Please note that to be eligible to be a teaching graduate students and be enrolled in six units	g assistant at CSUF, all students must be classified psychology of graduate psychology courses.

RETURN COMPLETED FORM TO CSU, FRESNO DEPARTMENT OF PSYCHOLOGY

 Obtain, complete, and return an Application for Admission to Graduate Program in the Departme of Psychology.		
Application Deadlines:	M.A. Program, Fall entry M.A. Program, Spring entry M.S School Psychology Program*	March 1 st October 31 st February 1 st
"Applications are only accepted for t	the Fall semester for the School Psychology Program.	
 Obtain, complete, and return Admissions office (address li	an Application for Graduate Studies to the C sted below).	SU, Fresno Graduate
 •	university you have attended since high school to the Department of Psychology and Graduabe met.	
details preparations, testing of forwarded to Graduate Studi application. Test scores mus	sir information booklet on the Graduate Recordates, and locations. Take the examination ares. A unofficial copy should be included with the received by the deadlines listed above in ss. Failure to meet the deadline will result in eximately six to eight weeks.	nd have the official scores in your department order to be included in
 recommender familiar with ye stationary and mail it directly	ill be writing Letters of Recommendation on your academic/professional work to write a let to the Department of Psychology (address line) of Graduate Studies. Deadlines listed about 100 of Graduate Studies.	tter on letterhead sted below). Letters
 After you have taken the exa completed department applic order to be included in the ap	ts should contact C-BEST and request inform m, you will need to attach a copy of your test ation. Test scores must be received by the de oplication review process. Failure to meet the re reporting takes approximately four weeks.	t results to your eadlines listed above in

Completed Department Application should be returned to:

Department of Psychology Graduate Programs CSU, Fresno 5310 N. Campus Drive M/S PH11 Fresno, CA 93740-8019

Completed Graduate Admissions Application should be returned to:

Graduate Admissions CSU, Fresno 5150 N. Maple M/S TA57 Fresno, CA 93740-8026