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 csufresno.edu/psych/graduate/application

_____ 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.