

OPTIONAL INFORMATION  
(FOR STATISTICAL PURPOSES ONLY)  
√ CHECKED ITEMS

APPLICATION FOR ADMISSION

**IMMACULATA UNIVERSITY  
COLLEGE OF GRADUATE STUDIES  
DOCTOR OF CLINICAL PSYCHOLOGY**



**APPLICANT'S DATA (Please type or print)**

NAME \_\_\_\_\_

If you have ever used a name other than your current name, list the previous name used \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip County

TELEPHONE \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home Work

ADMISSION DESIRED FOR: \_\_\_\_\_ MAY \_\_\_\_\_ SEPTEMBER

√ DATE OF BIRTH \_\_\_\_\_ √ PLACE OF BIRTH \_\_\_\_\_

√ RACE (Check any that apply): \_\_\_ American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black  
\_\_\_ Hispanic \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White

√ SOCIAL SECURITY NUMBER \_\_\_\_\_ (Required for financial aid)

√ SEX \_\_\_\_\_ Female \_\_\_\_\_ Male √ VETERAN \_\_\_\_\_ √ U.S. CITIZEN \_\_\_\_\_

**EDUCATIONAL DATA**

COLLEGES AND UNIVERSITIES ATTENDED (List most recent study first)

Institution	Location	Date of Entrance	Date of Leaving	Date of Degree	Degree
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Graduate  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Undergraduate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Official copies of transcripts from all colleges/universities attended must be included with your application.

**TEST SCORES**

MILLER ANALOGIES TEST (MAT)                      Date \_\_\_\_\_                      Score \_\_\_\_\_

GRADUATE RECORD EXAMINATION (GRE)                      Date \_\_\_\_\_                      Score \_\_\_\_\_

TOEFL    Date \_\_\_\_\_                      Score \_\_\_\_\_

**FOREIGN STUDENTS:**

√ PLACE OF BIRTH \_\_\_\_\_                      √ TYPE OF VISA \_\_\_\_\_

√ COUNTRY OF CITIZENSHIP \_\_\_\_\_

Please list the names and titles of persons whom you have asked to complete letters of reference: (At least 1 academic reference. No references from friends, family members or personal therapists.)

Name    Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience (Teaching, Industrial, Business, or other Professional Experience); resume required.

Clinical/Counseling Experience: (Internships, Practica, Field work, etc.) Use separate sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:**

On separate sheets (8 1/2" x 11"), please provide a two-page, double-spaced, typed statement of your educational pursuits in psychology. Why are you pursuing a Psy.D. and what significant events in your development have shaped this decision? This statement is to be completed by all applicants.

**Emergency Contact**

NAME OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY \_\_\_\_\_ Telephone \_\_\_\_\_

Application Fee: There is a non-refundable application fee of \$55.00 which must accompany the application. Please make checks out to Immaculata University.

**ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING**

I understand that appropriate Immaculata personnel will have access to my application student record and that withholding information requested or giving false information may make me ineligible for admission to the College and subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of Immaculata University. I further understand that from the time I file my application with the College of Graduate Studies it is my responsibility to know all the rules, requirements, and exemptions for the Psy.D. program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Non-Discriminatory Policy**

Immaculata University is committed to the principle of equal educational opportunity without discrimination because of a person's race, gender, ethnicity, religion, age, national origin, color, disability, marital status, veteran status or other

Classifications protected by law or University policy. Campus Safety and Protection Services and Statistics can be accessed at [www.immaculata.edu/students/safetyandprotection.index.htm](http://www.immaculata.edu/students/safetyandprotection.index.htm)