



Dothan Campus
Application Form
Counseling and Psychology
Graduate Program

First Name	Middle/Maiden	Last name		
Social Security Number	Phone	Email		
Address				
Applying to:	<input type="checkbox"/> Clinical Mental Health Counseling <input type="checkbox"/> School Counseling <input type="checkbox"/> School Psychometry		<input type="checkbox"/> Psychology Technician <input type="checkbox"/> Rehabilitation Counseling <input type="checkbox"/> Ed.S. School Psychology	
Colleges Attended	Degree Earned	Major	Date Graduated	GPA
Please place an "X" by the courses you have taken as an undergraduate or graduate student	<input type="checkbox"/> Human Development <input type="checkbox"/> Abnormal Psychology <input type="checkbox"/> Principles of Counseling <input type="checkbox"/> Theories of Personality <input type="checkbox"/> Learning and Cognition		<input type="checkbox"/> Educational Psychology <input type="checkbox"/> Behavioral Statistics <input type="checkbox"/> Tests and Measurements <input type="checkbox"/> Experimental Psychology <input type="checkbox"/> Research Methods	
Please provide the most recent scores for the tests you have completed.	MAT _____		GRE _____ V _____ Q _____	

To help us to better evaluate your potential for graduate work, please type answers to the following questions and attach to this document. This should be less than 500 words.

1. What is your employment history? (You may attaché a Curriculum Vita or Resume)
2. What research have you conducted or what are your research interests?
3. List professional memberships
4. List awards received
5. List community activities
6. What strengths will you bring to the Counseling and psychology Department?
7. What are your career and educational goals?
8. What priority have you placed on obtaining your degree and what appropriate arrangements have you made to ensure your achievement of the goal of getting this degree?

By signing this document you attest that all the information given is accurate and complete.

Signature

Date