

APPLICATION FOR ADMISSION

Year: _____

(800) 818-6136 Office of Admissions

Applications should be mailed to:
Pacific Graduate School of Psychology
Office of Admissions
405 Broadway Street
Redwood City, CA 94063

PROGRAM: Ph.D. Ph.D./ J.D. Ph.D. / M.B.A Distance Learning
 Respecialization Forensics Neuropsychology

PERSONAL INFORMATION

Name: _____
Last *First* *Middle*

Other names on records from previous schools: _____

Social Security Number: _____ - _____ - _____

Current Mailing Address:

Street: _____
City: _____ State: _____ Zip Code: _____
Phone: Home (_____) _____ Work: (_____) _____
E-mail: _____ Fax: (_____) _____

Permanent Address (if different):

Street: _____
City: _____ State: _____ Zip Code: _____

Country of Citizenship: _____

Alien Registration No: _____ Visa Number: _____

GRADUATE RECORD EXAM

All applicants must take the general Graduate Record Exam (GRE) and have an official score report sent to PGSP. The PGSP institution code for the GRE is "4638".

I have taken the GRE on _____
date

I will take the GRE on _____
date

PROFESSIONAL INTERESTS

While you will discuss these items in greater detail in your professional statement, please summarize the following information:

Potential area of concentration during clinical training:	
Potential area of concentration in research studies:	

EDUCATIONAL BACKGROUND

List all colleges attended since high school and all degrees conferred. If you do not have a degree, indicate the total number of units completed at each college. If you are currently working toward a degree, please indicate the degree you expect to earn, and the expected date, in parentheses.

Institution	State or Country	Dates Attended	Major	Degree (or units)	Date Degree Received

RECOMMENDATIONS

Please list below the names and addresses of the three persons from whom you have requested a recommendation. These references should be able to speak to your ability and/or potential for both research and clinical work. Whenever possible they should be faculty members in psychology or practicing professionals in psychology.

Name	Title	Address/ City/ State/ Zip

DEMOGRAPHIC INFORMATION

The information below is optional. It is requested for statistical purposes only and will be kept confidential.

Date of Birth: _____ **Gender:** Female Male

Ethnicity: Alaskan Native or American Indian Asian or Pacific Islander
 Hispanic (Caucasian or Non-Caucasian) Black / African-American
 Caucasian Other (please specify): _____

PGSP practices a nondiscrimination policy regarding physical ability, gender, age, race, color, lifestyle, national and ethnic origins in admission, employment, and in the administration of its program and activities.

I understand that official transcripts of credit earned at other institutions and other documents which have been presented for admission or evaluation become the property of PGSP and are not returned to the applicant.

I certify that the information recorded in this application, the transcripts provided, and all other application materials submitted are correct and complete. By submitting this application, I agree to abide by and be subject to the rules and regulations at PGSP.

Applicant's Signature

Date