

# APPLICATION FOR ADMISSION



**Pacific Graduate School of Psychology at  
Palo Alto University**

1791 Arastradero Road, Palo Alto, CA 94304  
(800) 818-6136 Office of Admissions

# APPLICATION GUIDELINES

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Dear Applicant:

Thank you for your interest in the Pacific Graduate School of Psychology, at Palo Alto University. As a convenience, the application materials can also be accessed and sent electronically via our website at [www.pgsp.edu](http://www.pgsp.edu). Should you have any questions, please feel free to contact the Admissions Office.

## Application Fee

A nonrefundable application fee of \$50.00 must accompany each application. Checks or money orders should be made payable to "PGSP".

## Resume

Please include a resume which lists all employment, including volunteer work, relevant to the field of psychology and other full-time employment.

## GRE Scores

The Graduate Record Examination (GRE) Scores are required. The GRE Psychology subject test is not required. The PGSP institutional code for the GRE is "4638".

## Official Transcripts

Transcripts from all postsecondary institutions attended, even if a degree was not awarded, must be sent.

## Statement of Purpose

Please include a typed statement, double-spaced (maximum 4 pages) which addresses the following:

- ◆ what lead to your interest in psychology
- ◆ what you have accomplished in order to prepare yourself for graduate psychology training (i.e. your professional development to this point, including course preparation for research projects, history of publications and presentations at professional conferences, and clinical trainings)
- ◆ a description of your research interests
- ◆ your clinical interests

## Letters of Recommendation

Please provide 3 letters of recommendation from individuals who are 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. Please use the "Recommendation for Applicant for Admissions" forms provided with your application packet. The enclosed waiver forms are necessary for processing your application, and must be returned with each letter of recommendation.

## Financial Aid / Transfer Unit Evaluation

To receive information on the financial aid programs or to have your transcripts evaluated for transfer credit, please submit the appropriate request forms available on-line at [www.pgsp.edu](http://www.pgsp.edu).

# DEMOGRAPHIC INFORMATION

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*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.*



**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

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*

**Applications should be mailed to: Office of Admissions, Palo Alto University  
 1791 Arastradero Road, Palo Alto, CA 94304**