



Application for Graduate Admission to the Department of Psychology

Please type or print:

Date _____ For the term beginning: August Full-time

Name: _____
LAST FIRST MIDDLE FORMER NAME USED AT CLARK UNIVERSITY

U.S. Social Security #: _____

Mailing Address: _____
NUMBER AND STREET CITY/STATE/COUNTRY/ZIP

Effective Dates: From: _____ To: _____

Phone #: _____ Fax #: _____

Billing Address: _____
(IF NOT SAME AS ABOVE) NAME/FUNDING ORGANIZATION

NUMBER AND STREET CITY/STATE/COUNTRY/ZIP/COUNTRY

E-Mail Address: _____

Permanent Address: _____
NUMBER AND STREET CITY/STATE/COUNTRY/ZIP

Phone #: _____

If you wish to be identified with a particular ethnic group, please check all that apply:

- African American, Black Mexican American, Chicano
- Native American, Alaska Native (tribal affiliation _____ enrolled _____) Native Hawaiian, Pacific Islander
- Asian American (country of family's origin _____) Puerto Rican
- Asian, including from Indian Subcontinent (country _____) White or Caucasian
- Hispanic, Latino (country _____) Other (Specify) _____

Sex: Male Female Date of Birth: (_____ day _____ month _____ year)

Place of Birth _____
CITY COUNTRY

Name and Address of Parent or Closest Living Relative: _____

Relationship: _____ Phone: _____

Citizenship: U.S. Permanent Resident Other _____

Country: _____ Type of Visa: _____

If U.S. citizen, please indicate home state: _____

Application to Ph.D. Program _____
DEPARTMENT

Specialization: Clinical Developmental Social

Have you applied to this graduate school before? Yes No Were you admitted? Yes No

Were you enrolled? Yes No Which Program? _____

Does your coming here to study depend on your receiving financial assistance from Clark University? Yes No

If so, do you wish to be considered for the following? Tuition Remission Additional Stipend Assistance

List of names of national graduate admission tests that you have taken or will take:

| | | |
|-------|--------------|-------------------------------|
| _____ | Score: _____ | Date taken or scheduled _____ |
| _____ | Score: _____ | Date taken or scheduled _____ |
| _____ | Score: _____ | Date taken or scheduled _____ |

(Attach copies of graduate admissions tests)

List any foreign languages you know and indicate your degree of proficiency for each:

| Languages | Years Studied | Other | Reading | | Writing | | Speaking | |
|-----------|---------------|-------|-------------|------|---------|------|----------|------|
| | College Level | | Length-Type | good | fair | poor | good | fair |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |

Education

Please list all colleges or universities which you have attended. Note that transcripts will be expected from all schools unless we are informed otherwise and the circumstances are explained.

| School | Location | Dates attended mo./yr.-mo./yr. | Degree earned (or expected) | Date degree received (or expected mo./yr.) |
|-----------------------------|----------|-----------------------------------|--------------------------------|---|
| _____ | | | | |
| UNDERGRADUATE DEGREE SCHOOL | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

College major _____ Graduate major _____

If you received fellowships, scholarships or other honors, please indicate:

List academic and professional organizations in which you have been active:

Ask three persons who know your academic qualifications well to write recommendations on your behalf, using the confidential recommendation forms attached. Please list:

| Name | Position | Address/phone |
|-------|----------|---------------|
| _____ | | |
| _____ | | |
| _____ | | |

Employment and/or Record of Experience

Use the following grid to list periods of full-time, part-time and summer employment and extended periods of travel, unemployment, etc. If you feel any of these activities merit further explanation you may attach an additional sheet or your resume.

| Dates (mo./yr.) (most recent) | Employer/Activity | Address | Duties/Title |
|----------------------------------|-------------------|---------|--------------|
| from: to: | | | |
| from: to: | | | |
| from: to: | | | |
| from: to: | | | |

Activities

List other activities since high school, including employment and military service, but omit summer and part-time work.

Employer

Kind of Work

Inclusive Dates

On a separate sheet please discuss your academic interests and goals. Include your current research interests as well as your long range research, teaching, or other professional objectives. List and describe published articles or books, research, inventions, or other creative work.

It is the student's responsibility to request that all official transcripts relating to the previous academic record be sent to the relevant academic department at Clark University.

Mutual Suitability

In order to assure the best fit between faculty and student body, we ask that you write a statement indicating why you think the Psychology program at Clark is best suited for your academic and career goals. Your essay should deal with the following issues:

- Areas of psychology and theoretical orientation of most interest to you.
- Faculty members you find most in accord with your interests.
- Research you have done or would like to do.
- Autobiographical information relevant to your pursuit of graduate work at Clark.

Include a copy of one or more papers you have written that are good representations of your interests and the way in which you think and write about them. You should be sole author of at least one of these papers.

Please check off the following as you prepare to mail your application.

- Application (signed) with essay
- \$50 nonrefundable application fee
- Sample paper(s)
- Transcripts. How many? _____
- 3 letters of recommendation
- GRE or TOEFL exams taken

I certify that all information submitted by me as part of this application is complete and accurate.

Signature: _____ Date: _____

Please submit all materials and your nonrefundable application fee of \$50, payable to Clark University.
Mail to: Psychology Department, Clark University, 950 Main Street, Worcester, MA 01610-1477.

It is the policy of Clark University that each qualified individual, regardless of race, color, sex, sexual orientation, religion, national origin, age or handicap, shall have equal opportunity in education, employment, or services of Clark University. The University encourages minorities, women, Vietnam veterans, handicapped persons, and persons over 40 to apply.



Transcript Request

To be Filled Out by the Applicant:

Please type or print:

Note to applicant: If you have attended more than one college or university, undergraduate or graduate, please photocopy this form to obtain the additional number you require. If there are institutions listed on your application from which documents are not available, please so indicate and explain the reasons to the Admissions Committee.

Applicant name: _____
LAST FIRST MIDDLE

Mailing Address: _____
NUMBER AND STREET CITY/STATE/COUNTY/ZIP

Dates of enrollment: From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Degree conferred (if applicable): _____
MONTH/YEAR

Social Security Number: _____ - _____ - _____

To: Registrar

Name of College or University _____

I hereby request that my transcript be sent:

Clark University Department of _____
APPLICANT: FILL IN NAME OF DEPT.

950 Main Street

Worcester, MA 01610-1477

SIGNATURE OF APPLICANT

To be Filled Out by the Registrar

Note to the Registrar: Please provide the information requested below and attach the applicant's transcript to the back of the form.

Check as appropriate

- Applicant is currently enrolled
- Degree conferred
- Other

Applicant's cumulative grade point average _____. If this average is not calculated on a 4.0 scale, please attach an explanation of the grading system.

Applicant's class rank _____. Please check if rank is not available.



Confidential Recommendation

To the Applicant:

Please type or print:

On the reverse side of this form (bottom), please fill in name of graduate department to which you are applying.

Applicant name: _____
LAST (FAMILY) FIRST MIDDLE

Current Address: _____
NUMBER AND STREET CITY/STATE/COUNTY/ZIP

Phone #: _____

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, to this letter of evaluation respecting my application for admission to the Graduate School of Clark University.

Signature: _____ Date: _____

I do not waive my right to the above statement.

Signature: _____ Date: _____

To the Recommender:

The person named above is an applicant to Clark University's Graduate School. The Admissions Committee attaches considerable weight to the statements made by the recommenders the applicant has selected. You will greatly assist the members of the Committee and the applicant by providing candid responses to the items on the form. It is equally acceptable to respond to these questions in letter form, but should you choose this format, please **fill out the information in this box and staple the letter to the back of this form**. It is recommended that you keep a copy for your files in case the original should be lost in the mail. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. We would be pleased to provide you with additional information about our program if it will assist you in any way.

Name of recommender _____

Position/Title _____ School/Firm _____

Address _____

E-Mail Address _____

1. In what capacity have you known the applicant? _____

2. How long have you known the applicant? _____

3. What are the applicant's principal strengths? _____

4. In what areas is the applicant weak? _____

5. In your opinion, how well has the candidate planned for entry into graduate studies? _____

6. Please compare the applicant on the scale below with others you have known during your professional career. **Indicate the reference group you have in mind?**

| | Exceptional (Top 2%) | Outstanding (Top 10%) | Excellent (Top 20%) | Good (Top 1/3) | Average (Middle 1/3) | Poor (Bottom 1/3) | Unable to Judge |
|--|-------------------------|--------------------------|------------------------|-------------------|-------------------------|----------------------|--------------------|
| Intellectual ability | | | | | | | |
| Leadership | | | | | | | |
| Initiative | | | | | | | |
| Ability to work with others | | | | | | | |
| Maturity | | | | | | | |
| Poise | | | | | | | |
| Oral communication skills | | | | | | | |
| Written communication skills | | | | | | | |
| Persistence and drive | | | | | | | |
| Planning skills (ability to allocate and schedule resources, including time) | | | | | | | |
| Analytical ability (ability to explore problems in an orderly manner and generate alternatives; ability to synthesize) | | | | | | | |

7. Please comment on the above ratings and make any additional statements concerning the candidate's qualifications for graduate study in light of your observations. (attach an additional sheet if necessary.) _____

8. I strongly recommend that this applicant be admitted to Clark University's graduate program.
 I recommend that this applicant be admitted to Clark University's graduate program
 I recommend with some reservation that this applicant be admitted to Clark University's graduate program.
 I do not recommend that this applicant be admitted to Clark University's graduate program.

My reservations are: _____

Signature: _____ Date: _____

Please return this form to: Clark University
 Department of _____
APPLICANT: FILL IN NAME OF DEPT.
 950 Main Street
 Worcester, MA 01610-1477

We are grateful for your assistance.