Psychology Department Graduate Application Form

Return to: Western Kentucky University
Graduate Studies and Research
1906 College Heights Blvd. #11010
Bowling Green, KY 42101-1010

Please type or print clearly

Enter full legal name. Do not use initials. This name is to be used on all of your records and correspondence.

LAST NAME	FIRST	MIDDLE	OTHER NAMES UNDER WHICH RECORDS HAVE BEEN ISSUED

YEAR OF EXPECTED ENTRANCE FALL 20____	SOCIAL SECURITY NUMBER	EMAIL ADDRESS

CURRENT/LOCAL MAILING ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE	UNTIL DATE

PERMANENT HOME ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE

CHECK BLANK IF YOU ARE APPLYING FOR FINANCIAL ASSISTANCE (Application must be made directly to the Graduate College) Graduate Assistantship ___Y or ___N	FIELD OF STUDY (CIRCLE ONE) Clinical School Industrial/Organizational Experimental General

Psychology Courses Taken, Credit Hours, and Grades (Attach Supplementary Sheet if Necessary)

COURSE TITLE	NO.	SCHOOL & DEPARTMENT OFFERING COURSE	HOURS	GRADE	SESSION COMPLETED	GRADUATE (G) UNDERGRADUATE (U)

CUMULATIVE UNDERGRADUATE GRADE POINT AVERAGE (GPA)	JUNIOR/SENIOR YEARS GPA	UNDERGRADUATE GPA IN PSYCHOLOGY

	Score/Date	Score/Date
1. GRE Verbal	_____	_____
2. GRE Quantitative	_____	_____
3. GRE Analytical	_____	_____
4. MAT (optional)	_____	_____
5. GRE Advanced (optional)	_____	_____

OTHER LANGUAGES
(INDICATE LEVEL OF READING & SPEAKING ABILITY)

ACADEMIC HONORS, PRIZES, ELECTION TO HONORARY SOCIETIES, DISTINCTIONS, SCHOLARSHIPS, FELLOWSHIPS, PUBLICATIONS, PROFESSIONAL SOCIETY MEMBERSHIPS.

RELEVANT OCCUPATIONAL EXPERIENCE (Professional, Vocational, Military, or Teaching Experience, including assistantships.)

POSITION TITLE AND DESCRIPTION OF JOB ACTIVITIES	LOCATION	DATES	PAID OR VOLUNTEER
1. _____	1. _____	1. FROM_____ TO_____	1. _____
2. _____	2. _____	2. FROM_____ TO_____	2. _____
	3. _____	3. FROM_____ TO_____	3. _____

REFERENCES: List names, titles, addresses and phone numbers of three persons acquainted with your ACADEMIC and PROFESSIONAL WORK whom you have already asked to forward letters of recommendation to the Psychology Department.

1. _____

2. _____

I certify that the foregoing statements and all other information and transcripts submitted by myself in connection with this application for admission are true and correct. I understand that falsification or deliberate omission of information is grounds for rejection of the application or dismissal from the school.

_____ Date Agreed

_____ Applicant's Signature