

## **GRE Test Scores Form**

#### Graduate Record Examinations

As indicated in the application instructions, all applicants for admission to the Doctoral Program in Clinical Psychology must take both the General and Psychology Subject Tests (Graduate Record Examinations). If an applicant has not already taken these tests, it is necessary for the applicant to take the tests and send the scores to the Office of Admissions by the application deadline. The GRE code for Antioch University New England is 98(3694).

Test scores over 5 years old cannot be considered.

The General and Psychology Subject Tests (Graduate Record Examinations) are administered by the Educational Testing Service. For information on test dates and registration, please consult their website: www.gre.org.

The form below this line must accompany your application. ..... Please check the appropriate statements below and indicate test dates: □ I have taken/will take the GRE General Test on \_\_\_\_ (Date) □ I have taken/will take the GRE Psychology Subject Test on \_\_\_\_ (Date)

I understand that I will be considered for admission only if I have taken these tests and have sent the test scores to Antioch University New England by the application deadline.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_



For Admissions Office:		
APPL. INFO:	DEPOSIT:	
Rec'd date	Date Due	
Fee paid (amt.)	Date Paid	
cash	Defer	
check	(sem./yr.)	

# **Application for Doctoral Admission**

#### DEPARTMENT OF CLINICAL PSYCHOLOGY

Applicant's name		Nickname			
	Last	First	Middle		
Address					
	Street	City	S	State	Zip Code
Telephone: home _		work		cell	
	Area Code and Number		Area Code and Number		Area Code and Number
Email			Date		

#### **General Instructions**

All applications must be accompanied by a non-refundable \$75 application fee. Applications for admission, plus credentials and correspondence, should be mailed to:

Office of Doctoral Admissions Antioch University New England 40 Avon Street Keene, New Hampshire 03431-3516

AUNE waives the application fee for all City Year corps members, staff and alumni.

#### **Application Deadlines**

Completed application materials for **Fall 2011** entry are due no later than 5 pm on Friday, **January 7, 2011**. Late applications will be considered on a space-available basis.

#### **International Students**

International students must submit certified evidence of financial support for their educational and living expenses while at Antioch New England. Applicants must request from the Office of Admissions the proper form for submitting this certified information. (This information is required in order to complete the I-20 paperwork for obtaining an F-1 student visa.)

## **Biographical Sketch**

Permanent a	address					
		Street		City	State	Zip
Telephone:	home			_ work		
		Area Code and Number			Area Code and Nurr	iber
Date of birth			_ Sex	Age	Place of bir	th
*Ethnicity:	🗆 Afr	ican-American		Asian/Pacific	c Islands	City and State
	🗆 His	spanic and other Spanish spe	eaking 🗌	Native Amer	rican	
	🗆 Wł	nite, European American, Cai	ucasian 🗌	Other (speci	fy)	
	* Optior	nal. We are required to ask for federal	reporting purpos	es only.		
Social Secu	rity Num	ber				
U.S. citizen?	Ye	s 🗆 No 🛛 If no, count	try of citizensh	ip		
Are you a pe	ermanen	t U.S. resident? 🗌 Yes 🗌	No Will you	ı require a visa	a to study in the U.	S.? 🗆 Yes 🗆 No
Is there any	reason y	ou might not be able to mee	t the demand	s of the Clinic	al Psychology Prog	gram as you understand
them?						
Request	ed Inf	ormation				
Have you pr	eviously	applied to or attended any A	ntioch New E	ngland progra	ams? 🗌 Yes 🗌	No
When?				_		
Please indica	ate the s	ource(s) which had an influen	ce on your de	cision to appl	y to Antioch New E	England.
Alumnus o	or stude	nt. Name		ANE faculty of	or staff. Name	
□ Faculty/ac	dministra	ator from undergraduate/grac	luate institutic	n		

Name	Institution
□ ANE Information Session or Visiting Day. Date	
To which other graduate schools are you applying?	

### Education

Please list every school attended, undergraduate and graduate. Use additional paper if necessary.

College or University		City and State	
Major/Concentration	Dates attended		Degree/Credits earned
College or University		City and State	
Major/Concentration	Dates attended		Degree/Credits earned
College or University		City and State	
Major/Concentration	Dates attended		Degree/Credits earned
College or University		City and State	
Major/Concentration	Dates attended		Degree/Credits earned
College or University		City and State	
Major/Concentration		-	

If transcripts will be submitted under a different name, please indicate:

## **Professional/Work Experience**

Please list in reverse chronological order all positions including internships, traineeships, etc., you have held over the last five (5) years. Please attach additional pages if necessary.

Employer	Employer's telephone
Employer's address	
Dates worked: from to	Your position/title
Description of duties	
What was your greatest strength/contribution	in this position?
What were your greatest difficulties in this pos	ition?
Employer	Employer's telephone
Employer's address	
Dates worked: from to	Your position/title
Description of duties	
What was your greatest strength/contribution	in this position?
What were your greatest difficulties in this pos	ition?
Employer	
Employer's address	
	Your position/title
Description of duties	
What was your greatest strength/contribution	in this position?
What were your greatest difficulties in this pos	ition?

Community and volunteer activities:
Awards, honors, publications:
Membership in professional associations:
Please list here any other prior experience you would like us to know about in considering your application.

### Recommendations

We place great emphasis on recommendations in evaluating applicants. Please list below those persons who will be submitting recommendation forms on your behalf. Three are required; additional ones are optional. Your recommendations should be from persons who know you and your academic and professional work very well (e.g., supervisors, professional colleagues, professors, etc.).

Name	Title/Business address	Relationship to applicant (e.g., supervisor, colleague, friend, etc.)
1		
2		
3		
4		

Please be advised that there are certain limitations imposed on those in the mental health profession. After admission, in the process of applying for liability insurance, practica, internships, employment, or licensure, students and/or representatives of the Department of Clinical Psychology may be asked to provide information about any criminal history. For example, anyone with a felony conviction may be unable to obtain certain practica, internships, jobs and/or licensure.

I have read this statement in full and I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that all the materials submitted become the property of Antioch University New England and are used for admissions and for department files. I also understand that no application materials will be returned to me or transferred to a third party. An application will not be processed without the signature of the applicant.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Personal Statement

### **DOCTORAL PROGRAM, DEPARTMENT OF CLINICAL PSYCHOLOGY**

Applicant's name			Nicknam	Nickname	
	Last	First	Middle		
Address					
	Street	City		State	Zip Code
Telephone: home		work		cell_	
·	Area Code and Number	Area Co	de and Number	A	area Code and Number
Email				Date	

#### Please explore the following questions, limiting yourself to one to two double-spaced pages on each question.

- 1. Tell us about a real success story in your life and your role in it.
- 2. Describe a difficult encounter you've had, how you handled it, and what if anything you would do differently in retrospect.
- 3. What are your current research or clinical interests? (This can be a list versus an essay.)
- 4. Why are you applying to Antioch University New England for your doctoral studies in clinical psychology? In other words, discuss the fit between your needs, interests, and skills and our training program and model.

### Work Sample

Please submit a work sample that gives an example of written, professional work. This may be in the form of a concise case presentation, consultation report, research paper, testing report, or discussion of administrative/organizational development work. If you choose to present a case, remember to protect client confidentiality. Please provide a brief introduction to the work sample.

All work samples must be typewritten, double spaced, and not exceed five (5) pages in length.



## PsyD in Clinical Psychology Application Materials Checklist

Application Forms and Fee
Completed, signed, and dated.
AUNE waives the application fee for all City Year corps members, staff and alumni.
Résumé
Personal Statement

- Work Sample
- □ Three Letters of Recommendation Signed across the seal of the envelope.
- Official Transcripts
  In sealed envelopes from all accredited colleges and universities attended.
- □ GRE Test Score Form (98)3694 is our code General and psychology subject tests are required of all applicants.

Completed application materials for Fall 2011 entry are due no later than Friday, January 7, 2011.