



40 Avon Street
Keene, New Hampshire 03431-3516
www.antiochne.edu admissions@antiochne.edu
800.552.8380 603.357.6265
Fax: 603.357.0718

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.

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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 _____



Biographical Sketch

Permanent address _____
Street City State Zip

Telephone: home _____ work _____
Area Code and Number Area Code and Number

Date of birth _____ Sex _____ Age _____ Place of birth _____
City and State

*Ethnicity: African-American Asian/Pacific Islands
 Hispanic and other Spanish speaking Native American
 White, European American, Caucasian Other (specify) _____

* Optional. We are required to ask for federal reporting purposes only.

Social Security Number _____

U.S. citizen? Yes No If no, country of citizenship _____

Are you a permanent U.S. resident? Yes No Will you require a visa to study in the U.S.? Yes No

Is there any reason you might not be able to meet the demands of the Clinical Psychology Program as you understand them? _____

Requested Information

Have you previously applied to or attended any Antioch New England programs? Yes No

When? _____

Please indicate the source(s) which had an influence on your decision to apply to Antioch New England.

Alumnus or student. Name _____ ANE faculty or staff. Name _____

Faculty/administrator from undergraduate/graduate institution
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 _____ Dates attended _____ Degree/Credits earned _____

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

Continued

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 position?

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 position?

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 position?

Continued on reverse

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 _____





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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.