



MARRIAGE AND FAMILY THERAPY

Required Documents for Admission

(Documents will not be accepted until the application and fee have been submitted)

- Completion of unabridged MMFT application; can be printed from the MMFT website or received from the Graduate Admissions Department
- Non-refundable \$75 application fee; \$25 late application fee if application is received after the deadline date
- Bachelor's degree with 9-12 hours of coursework in social/behavioral sciences
- Minimum undergraduate GPA in major: 3.00, overall: 2.75
- Acceptable GRE scores: official scores mailed directly to Pfeiffer University (School Code 5536)
- Official transcripts sent from all colleges/universities attended; must be unopened from university
- (3) letters of recommendation and recommendation check list form from recent employers/supervisors and/or academic professionals/instructors (others will not be accepted) -- recommendation letters must be in separate envelopes with handwritten signature signed across the seal
- A (2) page writing sample (double spaced) describing how you anticipate your degree and experiential training will influence your personal and professional goals
- Resume or vitae
- Proof of satisfactory criminal background record check for all states of residence for the past (5) years: Complete provided form (from website or admissions office) and Pfeiffer Admissions Department will process background check.

Required: face-to-face interview of all applicants; skype interviews are not appropriate for this graduate level of engagement.

Admission Deadlines – Charlotte Campus & Raleigh/Durham Campus

Charlotte Campus – 4701 Park Road, Charlotte, North Carolina 28209

- For applicants wishing to begin during the summer I or fall semester, the deadline is February 1. (Interviews are scheduled in late February)
- For applicants wishing to begin during the summer II semester or fall semester, the deadline is April 1. (Interviews are scheduled in late April)
- Applications received after the priority deadline will require the \$25. late fee and will be reviewed on a space-available basis.
- Should applicants miss a deadline, please ask about our visiting student status.

Raleigh/Durham Campus – 2280 Slater Road, Morrisville, North Carolina 27560

- For applicants wishing to begin during the summer I or fall semester, the deadline is March 1. (Interviews are scheduled in late March)
- For applicants wishing to begin during the summer II semester or fall semester, the deadline is May 1. (Interviews are scheduled in late May)
- For applicants wishing to begin during the spring semester, the deadline is October 15. (Interviews are scheduled in late October)
- Applications received after the priority deadline will require the \$25. late fee and will be reviewed on a space-available basis.
- Should applicants miss a deadline, please ask about our visiting student status.

Please send all documents to: Pfeiffer University Graduate School, Marriage & Family Therapy Program, Program Director, Dr. Susan B. Wilkie, 4701 Park Road, Charlotte, North Carolina 28209. Specific questions about the MMFT Program may be forwarded to: susan.wilkie@pfeiffer.edu or call 704.945.7359.



**Application for Graduate Admission
 Marriage and Family Therapy Program
 4701 Park Road, Charlotte, NC 28209
 Phone 704.945.7359 * Fax 704.521.8617**

**List all colleges/universities attended -- 4 year degree is required
 (Official transcripts must be mailed directly to the Pfeiffer Charlotte Admissions Office)**

Institution	Location	Attendance Dates (mo/yr-mo/yr)	Degree/Major	Completion Date (mo/yr)

Employer	Position	Address	Phone	Ext.

List current certifications and licenses held (if applicable). Submit a copy. _____

Does your employer provide tuition reimbursement? Yes No

If Yes, what is the reimbursement percentage amount? _____

Select a student classification: First Time Pfeiffer Graduate Applicant Former Pfeiffer Student Applying to New Program
 Re-applicant to Same Program Visiting Student (taking classes, but not formally accepted)

Attendance Plans: Full-time (9 credit minimum) Part-time (6 credit minimum)

Program Selection: Master of Arts in Marriage & Family Therapy Certificate of Advanced Study
 Non-Degree Course Enrollment Option

(Please see attached sheet for Admission Requirements and Required Documents)

A \$75.00 non-refundable application fee/\$25 late fee after priority deadline must be enclosed.

I affirm that the information I have provided is complete, accurate, and true to the best of my knowledge. This includes the application and all other supportive materials. I understand that furnishing false information on any part of this admission application may result in cancellation of admission or registration.

Print name _____

Signature of Applicant _____ **Date** _____

Recommendation Form

SECTION I: To be completed by the applicant.

Applicant's Printed Name: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, materials in student files are available upon request unless the student has waived the right of access in advance. The applicant may elect to sign the following disclaimer:

I waive my rights to access this recommendation under the Family Educational Rights and Privacy Act of 1974. _____

Applicant's signature

SECTION II: To be completed by the recommender.

How well do you know the applicant?

very well moderately well very little In what capacity? _____

Please rate the applicant on the following dimensions:

Low
Average
Excellent
Unknown

	Low	Average	Excellent	Unknown
Motivation to pursue graduate education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study skills/work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multicultural awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence & Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend highly
 Recommend
 Recommend with reservations
 Not recommended

Please attach a letter detailing your candid evaluation of this applicant, including strengths and weaknesses, and his or her ability to work in a Marriage and Family therapy setting.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

TITLE: _____

INSTITUTION: _____

MAILING ADDRESS: _____

A completed recommendation form must accompany every recommendation letter.



Transcript Request School of Graduate Studies

Graduate Admissions Office

4701 Park Road
Charlotte, NC 28209
(704)521-9116
Fax (704) 945-7330

Please PRINT the following data and submit to all colleges you have attended

TO REGISTRAR: Please send one official transcript of grades earned by me during attendance at your institution.

From: _____ to _____ Social Security Number _____
Date Date

Name: _____
Last First MI Maiden

Name on Transcript (if different from above) _____

Current Address _____

Please attach transcript to this form and mail to the address below:

Admissions Office · Pfeiffer University
4701 Park Road · Charlotte, North Carolina 28209

Signature: _____ Date: _____

Passage by Congress of the Family Education Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for a school's release of academic records. Consequently, it is necessary for your to personally request that your transcript be mailed to our office.



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Background Check
Confidential
Information/Disclosure
Release Form

The purpose of this agreement is to inform you that, as a part of our procedure for processing your Marriage & Family Therapy Professional Degree Application, an outside agency will make an investigative report and present it to us for review. The information provided below will not be shared with those involved in the interviewing process, but will be held by Human Resources until after an offer of program acceptance has been made, and will be used solely for the purpose of obtaining the investigative reports referenced below that could affect your eligibility for a marriage and family professional degree program.

The reports may include a Criminal Background search, a driving record check, a credit report, and a social security number trace report.

By providing the information requested below, and signing this document, you are releasing any and all persons, companies, agencies, or others, from liability resulting from your background investigation.

_____	_____	
Print - Full Name	Signature	
_____	_____	
Current Home Address	City/State/Zip Code	
_____	_____	
Date	Professional Degree Program Applied For	
_____	_____	_____
Date of Birth	Social Security Number	Drivers License #/State

CONFIDENTIAL

Return to Rick Kivior, Associate Registrar
4701 Park Road, Charlotte, NC 28209 - Phone 704-945-7316
(All forms will be forwarded to Human Resources)