MASTER OF SCIENCE IN PSYCHOLOGICAL SERVICES DEGREE PROGRAM
APPLICATION FOR ADMISSION

Procedure for Application

For an application to be considered, all of the following applications materials must be sent to:

The School of Graduate Studies
East Central University
1100 E. 14th Street, Box H-7
Ada, Oklahoma 74820-6999

COMPLETE APPLICATION PROCESS MUST INCLUDE THE FOLLOWING ITEMS:
(Please place a check mark by items enclosed with application.)

1. ____ ECU Application for Admission.
2. ____ School of Graduate Studies Application.
3. ____ Master of Science in Psychological Services Departmental Application.
4. ____ One official transcript from all colleges and universities attended.
5. ____ Two letters of recommendation with completed recommendation forms.
6. ____ Written responses to the CEP Graduate Writing Exam.
7. ____ Teaching certificate or verification of alternative certification process. (Track B)
8. ____ GRE scores, if needed for admission.

9. An applicant who does not meet the criteria for unconditional acceptance on the basis of
   the above documentation may consult the Master of Science in Psychological Services
   Degree information in ECU Graduate Catalog pertaining to Conditional and Probationary
   Admittance.

10. Initial evaluation of applicants for the Fall semester will begin on July 1, for the Spring
    semester on November 1, and for the Summer semester on April 1. No more than
    twelve hours of graduate credit may be earned without full admission to the Master of
    Science in Psychological Services Program. You will be notified by mail by the School
    of Graduate Studies of your admission status. Completed applications must be
    received 6 weeks prior to the start of the semester of admission for consideration.
NAME: ____________________________  ID# or SSN#: ____________

ADDRESS: ________________________________________________________________

TELEPHONE: ____________________________  ____________________________

Home  Cell  E-mail address

City/State/Zip Code

Indicate semester for which you are applying:  Fall _____  Spring _____  Summer _____

Indicate which degree track you are pursuing:
  ___ Track A-Community/Clinical  ___ Track B-School

Colleges Attended
(Starting with last college attended)  Dates Attended  Major  Degrees Received
(If any)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Academic and Professional Honors Received:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

References:
Minimum of two required (See front page #5)

Name  Address  Phone  Position
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Work Experience
(Last five years starting with present position.)

Employer  Dates Employed  Highest Position Held
From  To
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are you presently working in a psychological services occupation?  Yes _____  No _____
If the answer is yes, please answer the following:

Give a brief description of your current duties:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
ACKNOWLEDGMENTS

Please read carefully the following statements before signing. My signature below indicates that:

(1) I understand that applications that are not complete will not be considered.

(2) The information provided above and attachments are true and accurate to the best of my knowledge.

(3) Meeting or exceeding minimum selection criteria does not in any way imply or guarantee admission to the program.

(4) I agree to abide by the policies and regulations set forth in the ECU Graduate Catalog.

________________________________________  __________________________
Signature of Applicant                      Date of Application

Thank you for your application and interest in the
ECU College of Education and Psychology Graduate Programs.