

## Clinical Psychology Doctoral Program 2022-2023 Information Form

1.	Name
2.	EmailPhone
	Please either attach a cv/resume or answer questions 3 through 8 below.
3.	Please describe the circumstances related to any unusual patterns or discontinuities in your program of study or grades.
4.	List any awards or academic honors you have received.
5.	List relevant extracurricular or community activities.

6.	. List any creative endeavors in which you have engaged (research, publications, grants, papers presented, inventions patented, works of art, etc.)		
7.	List related certifications such as counseling, social wo	ork, nursing.	
8.	List special skills or competencies such as editing, con	nputer/data analysis skills, etc.	
9.	Submit a statement of research interest that describes your research and clinical interests, career objectives and reasons for applying to the Doctoral Program in Clinical Psychology at Central Michigan University. This statement of interest should be no longer than three pages.		
10.	O. In addition to academic performance, standardized tests, letters of recommendation, and a personal statement, the faculty selects applicants for admission based upon the match between student and faculty interests. Below is a list of the clinical faculty available to mentor students in the incoming class. Please rank up to three clinical faculty with whom you would most like to work. (Use "1" to designate your most preferred faculty member.) Faculty research interests are described <a href="here">here</a> .		
	Sarah Domoff	Reid Skeel	
	Larissa Niec-Davila	Nathan Weed	

11.	Please submit your GRE scores in one of the following ways:		
	a) Request that the <b>Educational Testing Service (ETS)</b> send an official copy of your GRE S Department of Psychology, Central Michigan University, Sloan Hall 139, Mt. Pleasant, Mich code for Central Michigan University is 1106; the Clinical Psychology Program Code number	igan 48859. The	
	or		
	b) Submit a screenshot or pdf of your scores from your ETS account. If you are admitted you official Score Report that verifies the unofficial scores you submitted as part of your applications.		
12.	List the three individuals you have asked to submit letters of recommendation:		
	Name and Title		
	Name and Title		
	Name and Title		
	Tvaine and Title		
	Final Statement		
Please check the box if you agree.			
	The materials in this document are true and correct to the best of my knowledge. The falsificant part, including omission, is grounds for rejection or dismissal. I understand that all submaterial becomes the property of CMU and is not returnable. I also understand that this document part of the Department of Psychology file and is accessible to administrators and opersons. I understand and agree that as a CMU applicant and potential student, I am subject policies, procedures, and regulations of the University.	mitted cument designated	
	Sign Date		
c	Submit this completed form via small to revenue @emich edu ou meil it to Control Michigan II		

Submit this completed form via email to <a href="mailto:psyapps@cmich.edu">psyapps@cmich.edu</a> or mail it to: Central Michigan University, Clinical Psychology Program, Sloan 139, Mt. Pleasant, MI 48859