

School Psychology Program Doctoral Information Form

1. Name				
2. Email	Phone			
3. If you are attaching vita/resume, please check the box below.				
See attached vita/resume. Complete questions 4 through 12, only if the information is not included on your vita/resume. Please place "X" if attached.				
4. Please list your:				
Undergraduate GPA: Major:				
Graduate GPA: Are	ea of Study			
5. Education background – List all undergraduate, graduate, and professional schools attended in chronological order, beginning with the most recent.				
Institution	Dates Attended	Degree Granted/Expected		

6.	Please describe the circumstances related to any unusual patterns or discontinuities in your program of study or grades:
7.	List any awards or academic honors you have received:
8.	List relevant extracurricular or community activities:
9.	List any research or creative endeavors in which you have participated (e.g., publications, grants, papers presented, inventions patented, works of art)

10. List related certification	ons such as counseling, soc	ial work, or nursing:	
12. Employment	bs since high school, starti	nter/data analysis skills, langua	
Description	Dates Month/Year	Full-time or Part-time	Summer
Description	Dates Month Teal	1 an-time of 1 art-time	Summo
relevant experience	ce in detail. For example, in it you did, what kinds of tec	ent of a psychological nature. Include in your description with chniques you employed, what	n whom you

13. Attach a **personal statement** describing your research and clinical interests, career objectives, and reasons for applying to the Doctoral Program in School Psychology at Central Michigan University. This statement should be no longer than three pages.

Please forward your personal statement along with this Information Form to psyapps@cmich.edu.

14. In addition to academic performance, standardized test results, letters of recommendation, and personal statement, the faculty selects applicants for admission based upon the match between student and faculty interests. Below is a list of the school faculty available to mentor students. Please identify **three faculty** with research and school interests most similar to your own. Rank order the three faculty with a "1" indicating the faculty member whose interests are most similar to yours.

School Faculty	Interests	Rank
Daniel Drevon, PhD Program Director	Behavior-analytic academic and behavior interventions, single-case experimental design, meta-analysis	
Sandra Kanouse, PhD	Pediatric consultation, remediation of academic difficulties, behavioral assessment	
Michael Hixson, PhD	Academic assessment and intervention, applications of behavior analysis to education, and curriculum-based measurement	
Katrina Rhymer, PhD	Assessment and treatment of autism; academic, social/emotional, and behavioral interventions	

Name and Title	 	
Email:		
Name and Title		
Fmail:		

15. List the three individuals you have asked to submit letters of recommendation:

Note: School Psychology students at CMU are required to obtain a State of Michigan Preliminary School Psychologist Certificate.

Please be advised that the State of Michigan Board of Education may refuse to grant you a Preliminary School Psychologist Certificate for the following reasons. a) Fraud; material misrepresentation; or concealment in the application of a certificate. b) Conviction, as an adult, of an act of immoral conduct that involves a child or that contributes to the delinquency of a child or of a felony that involves moral turpitude.

16.	Have you ever been convicted of a felony?	Yes	No
17.	Are you presently on probation for a violation of any state or federal law?	Yes	No
18.	Have you ever been placed on disciplinary probation while attending a college or	university?	
		Yes	No
19	Have you ever been convicted for illegally possessing and/or using and/or distribution	uting controlled s	ubstances?
17.		Yes	No

Final Statement Please check the box if you agree.

The materials in this document are true and correct to the best of my knowledge. Falsification of any part, including omission, is grounds for rejection or dismissal. I understand that all submitted material becomes the property of CMU and is not returnable. I also understand that this document becomes part of the Department of Psychology file and is accessible to administrators and designated persons. I understand and agree that as a CMU applicant and potential student, I am subject to the policies, procedures, and regulations of the University.

Sign	Date	

Print and send this completed form via email to psyapps@cmich.edu or mail it to: Central Michigan University, School Psychology Program, Sloan 139, Mount Pleasant, MI 48859