Priority filing deadline: January 15. Applications received by this date will be given full consideration.

Extended filing period: January 16 – March 1. Applications received in this period may be considered if priority applications did not exhaust program capacity.

Only completed applications will be considered. Admission is contingent upon approval by the Psychology Department and the Graduate School.

*Complete all of the following steps:*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>The general graduate school application must be filled out online and returned to the Graduate School online at: <a href="http://www.csumentor.edu">www.csumentor.edu</a></td>
</tr>
</tbody>
</table>
| 2    | Submit one official transcript from every college/university attended since high school (exception: Chico State graduates). Official transcripts must be received sealed in an original envelope from the issuing institution and be less than 2 years old. All official transcripts should be received by the application filing deadline and sent via postal mail to:  
  
  **Graduate School**  
  **California State University, Chico**  
  **Chico, CA 95929-0875** |
| 3    | Submit official test scores: either the General Graduate Record Examination Aptitude Test (GRE) or the Miller Analogies Test (MAT). Test scores must be sent directly from the testing agencies to the CSU Chico Testing Office by the application filing deadline; *allow at least two weeks for processing.* |
| 4    | The materials specific to the Psychology Graduate Program must be printed out and mailed by the application filing deadline, directly to our office via postal mail to the following address:  
  
  **Graduate Coordinator**  
  **Department of Psychology**  
  **California State University, Chico**  
  **Chico, CA 95929-0234**  
  
  A. Completed Graduate Programs in Psychology: *Admissions Application*  
  B. Statement of Purpose  
  C. Three Recommendation Forms and Letters:  
  i. At least one letter from a professor familiar with the quality of your work;  
  ii. If applicable, one letter from a supervisor or employer in either a clinical, research, or other work/volunteer environment;  
  iii. The third letter may be written by another professor, research supervisor, or by someone in the helping profession.  
  D. Application for Advancement to Classified Status (complete as much as possible). |

*Note: Only completed applications will be considered. Admission is contingent upon approval by the Psychology Department and the Graduate School.*
NOTIFICATION OF ADMISSION:

A. You will be contacted by e-mail regarding the status of your application. If accepted, the department may recommend that you be admitted as either a "conditionally classified" master's degree student (you have yet to complete some of the undergraduate prerequisites) or as a "classified" master's degree student (you have met all of the prerequisites).

B. If accepted, you are required to return the Notification of Acceptance form, sent to you with the acceptance letter from the department, indicating whether you intend to matriculate by the fall semester. Failure to do so will result in the loss of your position in the program; however, you may reapply the following year, if you choose.

C. Students who enter the MS degree program with the intent of pursuing a Marriage and Family Therapy License must contact the California Board of Behavioral Science Examiners and apply for trainee status within 90 days of beginning a traineeship (which occur during your first year at CSUC). Once you are accepted into the MS degree program, you are advised to contact the Board for information regarding licensure and follow their recommended procedures to receive your trainee status. The MS degree program provides an integrated course of study that meets the educational requirements for the MFT license by the State of California (Section 4980.37 of Assembly Bill No.3657).

Board of Behavioral Science Examiners
400 R Street
Suite 3150
Sacramento, CA 95814-4933
(916) 445-4933
Name _________________________________________________ Home Phone ( ) _____________
Street _____________________________________________ Cell Phone: ____________________________
City ______________________________________________ Email address: ____________________________
State ________________ Zip Code ______________________

<table>
<thead>
<tr>
<th>College/University</th>
<th>Location</th>
<th>Degree/Date awarded</th>
<th>Major(s), Minor(s), Field</th>
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</table>

Undergraduate GPA: Overall ______ Last 60 semester units ______ For last 30 semester units ______
Graduate GPA: ______ for ______ (enter number of semester units)
Graduate Record Exam (GRE): Verbal ______; Math ______; Written/Essay ______; Date ______
Miller Analogy Test (MAT): Raw Score ______ Date ______

References
List the names and positions of the three people you have asked to write letters of recommendation. Give each person one of the Recommendation Forms; have them send it directly to the Psychology Department as indicated on the form.
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

Write a STATEMENT OF PURPOSE about your professional and personal goals. Limit the length to two typewritten pages, single-spaced. Include: A) Your career goals; B) Your reasons for applying to the program, and C) A brief description of your past experience, paid or voluntary, relevant to the program you seek to enter, including length of time worked and actual work performed (not just the title).

PLEASE PRINT OUT, COMPLETE, AND RETURN THIS PAGE, YOUR STATEMENT OF PURPOSE, AND THE FOLLOWING “APPLICATION FOR CLASSIFIED STATUS” FORM TO:

Graduate Coordinator
Department of Psychology
California State University, Chico
Chico, CA 95929-0234
GRADUATE PROGRAMS IN PSYCHOLOGY

APPLICATION FOR CLASSIFIED STATUS

NAME__________________________________________________________
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ADDRESS________________________________________________________
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Student ID _____________________
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GRADUATE PSYCHOLOGY PROGRAM:

M.S. Marriage & Family Therapy ______
M.A. Applied PSY Option (PPS) _____
M.A. Psychological Science Option _____

In order to be eligible to apply for classified status in the Department of Psychology, you must complete the following undergraduate prerequisite courses (within the last ten years). Fill in the course number (and title if taken elsewhere), grade and date each was completed. Complete as much as possible.

Four courses total: one from each of the following:

<table>
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<tr>
<th>CSU, Chico Courses or number and title of equivalent upper-division course (include the univ/college where course was taken)</th>
<th>Date (to be) Completed</th>
<th>Grade (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Psychology of Learning: PSYC 466</td>
<td>______</td>
<td>______</td>
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<tr>
<td>or PSYC 362</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>B. Development or Child and/or Adolescent PSY: PSYC 355</td>
<td>______</td>
<td>______</td>
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<tr>
<td>C. Statistics for PSY: PSYC 364</td>
<td>______</td>
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<tr>
<td>D. Personality PSYC 382</td>
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<tr>
<td>or Social PSYC 395</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>or Abnormal PSY PSYC 381</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

(NOTE: PSYC 381: Abnormal Psychology is a specific prerequisite for PSYC 643 in the M.S. Program; PSY of Personality is also recommended.)

Mail or Return to: Graduate Coordinator
Department of Psychology
California State University, Chico
Chico, CA 95929-0234

REMINDER: Incoming students who meet these prerequisites may be admitted with Classified Status into a Graduate Psychology degree program. Students admitted as Conditionally Classified (have yet to meet these prerequisites) may apply for Advancement to Classified Status upon completing these requirements, usually near the end of their first semester.
California State University, Chico

RECOMMENDATION FORM

MS DEGREE IN PSYCHOLOGY: MARRIAGE AND FAMILY THERAPY

This part to be completed in advance by the applicant:

Evaluation of: _______________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Applying to: M.S. Psychology: Marriage and Family Therapy. Provide mental health services to adults, families, and children.

Applicants have the right to inspect letters of recommendation. We believe letters written in confidence may be more useful, so we invite you to sign the following waiver. You may, however, expressly decline the waiver without prejudice to your application. Please check one of these two statements and sign your name.

- I expressly waive any rights I have to access this form and letter of recommendation.
- I do not agree to the above waiver.

Date: ________________ Applicant’s signature: _________________________________

This part to be completed by the referee:

To the Referee: Please do not complete this form unless the applicant has checked one of the waiver boxes and signed above. Complete this form and attach a separate letter of recommendation on your letterhead. In your letter, please consider the program to which the candidate is applying and address (1) in what capacity, for how long, and how well you know the applicant; (2) how well qualified you think she/he is to do master's level work in that field, and (3) qualities that may not be explicit in the academic transcript and test scores, such as ability to do independent academic or research work, personal strengths and weaknesses, and professional promise.

How would you rank the applicant's overall promise for the program to which he/she has applied? Basis of comparison (check one):

- undergraduate senior student
- first year graduate students
- other: __________

Circle one: Lower 50% Top 50% Top 25% Top 10% Top 5% Top 2%

Assign a score of 1 = weak 2 = adequate 3 = strong or N/I for no information for each of the following:

- Understanding of Psychological Theory
- Interpersonal Skills
- Writing Skills
- Professional Ethics
- Originality/Creativity
- Maturity/Reliability
- Oral Communication Skills
- Flexible (Receptive to feedback)

Name (printed): _______________________________ Position: _______________________________

Address: __________________________________________

Referee’s signature: ____________________________ Date: ____________________________

PLEASE MAIL DIRECTLY TO: Graduate Coordinator
Department of Psychology
California State University, Chico
Chico, California 95929-0234

DUE BY JANUARY 15
California State University, Chico

RECOMMENDATION FORM

MS DEGREE IN PSYCHOLOGY: MARRIAGE AND FAMILY THERAPY

This part to be completed in advance by the applicant:

Evaluation of: _________________________________________________________________

Last Name: ___________________________ First: ___________________________ Middle: __________

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_____ Maturity/Reliability

_____ Oral Communication Skills

_____ Flexible (Receptive to feedback)

Name (printed): __________________________________ Position: __________________________

Address: __________________________________________________________________________

Referee's signature: __________________________________ Date: _________________________

PLEASE MAIL DIRECTLY TO: Graduate Coordinator

Department of Psychology

California State University, Chico

Chico, California 95929-0234

DUE BY JANUARY 15
California State University, Chico

RECOMMENDATION FORM

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_____ Maturity/Reliability
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_____ Flexible (Receptive to feedback)

Name (printed): __________________________________________

Position: __________________________________________

Address: _______________________________________________________________________

Referee's signature: __________________________  Date: __________________________

PLEASE MAIL DIRECTLY TO:  Graduate Coordinator
Department of Psychology
California State University, Chico
Chico, California 95929-0234

DUE BY JANUARY 15