California State University, Chico
MS Degree in Psychology: MARRIAGE AND FAMILY THERAPY

Program Application and Admission Information

**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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The general graduate school application must be completed and submitted online via Cal State Apply: <a href="http://www.calstate.edu/apply">http://www.calstate.edu/apply</a></td>
</tr>
<tr>
<td>2</td>
<td>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: Office of Graduate Studies California State University, Chico 400 West First Street, Chico, CA 95929-0875</td>
</tr>
<tr>
<td>3</td>
<td>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. <strong>Allow at least two weeks for processing.</strong></td>
</tr>
<tr>
<td>4</td>
<td>Submit the following materials to the Psychology Graduate Program: A. Statement of Purpose B. Completed Graduate Programs in Psychology: Admissions Application (page 3) C. Application for Advancement to Classified Status (page 4, completed as much as possible) D. Three Recommendation Forms (page 5-7) 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.</td>
</tr>
</tbody>
</table>

These 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
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. This three-year program provides an integrated course of study that meets the educational requirements for the Marriage and Family Therapist (MFT) license as specified in California State law (SB-33; Section 4980.36). The 60-unit program is designed to train competent professional therapists to work in mental health agencies and private practice settings.
Graduate Programs in Psychology – Admissions Application
MS Degree in Psychology: MARRIAGE AND FAMILY THERAPY

Contact Information
Name ___________________________ Home Phone (_____) ___________________________
Street ___________________________ Cell Phone (_____) ________________________________
City ___________________________ Email _________________________________________
State _________ Zip Code __________

Higher Education History
College/University __________________ Location __________________ Degree/Date awarded ________ Major(s), Minor(s), Field __________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Undergraduate GPA: Overall _____ Last 60 semester units _____ Last 30 semester units _____
Graduate GPA: Overall _____ Number of graduate units taken ______
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 (pages 5-7) and have them send their letter with the form directly to the Psychology Department as indicated on the form.
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

Statement of Purpose
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
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, with the other required documents listed on page 1, to:
Graduate Coordinator
Department of Psychology
California State University, Chico
Chico, CA 95929-0234
Application for Classified Status

Name __________________________________________ Student ID __________________________________________

Address __________________________________________ Phone number (_____) ____________

Applying to:

X M.S. Marriage & Family Therapy

M.A. Applied PSY Option (PPS)

M.A. Psychological Science Option

To be eligible to apply for classified status in the Department of Psychology, you must have completed 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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<th>A. Psychology of Learning</th>
<th>PSYC 466 or PSYC 362</th>
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<tbody>
<tr>
<td>B. Development or Child and/or Adolescent PSY</td>
<td>PSYC 355</td>
</tr>
<tr>
<td>C. Statistics for PSY</td>
<td>PSYC 364</td>
</tr>
<tr>
<td>D. Personality or Social</td>
<td>PSYC 382 or PSYC 395</td>
</tr>
<tr>
<td>or Abnormal PSY</td>
<td>PSYC 381</td>
</tr>
</tbody>
</table>

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

REMINDER: Incoming students who meet these prerequisites may be admitted with Classified Status into a Graduate Psychology degree program. Students admitted as Conditionally Classified (who 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.

Please print out, complete, and return this page, with the other required documents listed on page 1, to:

Graduate Coordinator
Department of Psychology
California State University, Chico
Chico, CA 95929-0234
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

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?

Reference group (check one): Based on the reference group, this student is in the (circle one):

□ Undergraduate senior students Lower 50%    Top 50%    Top 25%    Top 10%    Top 5%    Top 2%
□ First year graduate students
□ Other: ___________________

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          Writing skills          Originality/Creativity
Professional ethics          Oral communication skills          Maturity/Reliability
Interpersonal skills          Flexible (receptive to feedback)

Name (printed): ___________________ Position: ___________________

Address: ___________________

Referee’s signature: ___________________ Date: ___________________

PLEASE MAIL DIRECTLY TO: Graduate Coordinator
Department of Psychology

DUE BY JANUARY 15 California State University, Chico
Chico, California 95929-0234
This part to be completed in advance by the applicant:

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**Reference group (check one):**
- [ ] Undergraduate senior students
- [ ] First year graduate students
- [ ] Other: ____________________

Based on the reference group, this student is in the (circle one):
- [ ] Lower 50%
- [ ] Top 50%
- [ ] Top 25%
- [ ] Top 10%
- [ ] Top 5%
- [ ] Top 2%
- [ ] Top 1%
- [ ] Top 0%

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

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Address: ____________________

Referee’s signature: ____________________ Date: ____________________

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Graduate Coordinator
Department of Psychology

**DUE BY JANUARY 15**
California State University, Chico
Chico, California 95929-0234
**California State University, Chico**  
**RECOMMENDATION FORM**  
**MS DEGREE IN PSYCHOLOGY: MARRIAGE AND FAMILY THERAPY**

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**DUE BY JANUARY 15** California State University, Chico  
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