

**CALIFORNIA STATE UNIVERSITY, CHICO**  
**MA DEGREE IN PSYCHOLOGY: OPTION IN APPLIED/SCHOOL PSYCHOLOGY**

**PROGRAM & ADMISSION INFORMATION AND APPLICATION**

**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:**

- |   |   |
|---|---|
| 1 | The general graduate school application must be filled out online and returned to the Graduate School online at:<br><a href="http://www.csumentor.edu">www.csumentor.edu</a>  |
| 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:<br><br><b>Graduate School<br/>California State University, Chico<br/>Chico, CA 95929-0875</b>   |
| 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; <b>allow at least two weeks for processing.</b>   |
| 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:<br><b>Graduate Coordinator<br/>Department of Psychology<br/>California State University, Chico<br/>Chico, CA 95929-0234</b><br><br>A. Completed Graduate Programs in Psychology: <u>Admissions Application</u><br>B. Statement of Purpose<br>C. Three Recommendation Forms and Letters:<br>i. At least one letter from a professor familiar with the quality of your work;<br>ii. If applicable, one letter from a supervisor or employer in either a clinical, research, or other work/volunteer environment;<br>iii. The third letter may be written by another professor, research supervisor, or by someone in the helping profession.<br>D. Application for Advancement to Classified Status (complete as much as possible).<br><br><b>Note: Only completed applications will be considered. Admission is contingent upon approval by the Psychology Department and the Graduate School.</b> |

## **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.

**ADMISSIONS APPLICATION**  
**MA DEGREE IN PSYCHOLOGY: OPTION IN APPLIED/SCHOOL PSYCHOLOGY**

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Street \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City \_\_\_\_\_ Email address: \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Higher Education			
College/University	Location	Degree/Date awarded	Major(s), Minor(s), Field
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**

California State University, Chico

GRADUATE PROGRAMS IN PSYCHOLOGY

**APPLICATION FOR CLASSIFIED STATUS**

NAME \_\_\_\_\_ Student ID \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GRADUATE PSYCHOLOGY PROGRAM:

M.A. Applied PSY Option (PPS) \_\_\_\_ x \_\_\_\_

M.S. Marriage & Family Therapy \_\_\_\_ 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:

	CSU, Chico <u>Courses</u>	or number and title of equivalent <u>upper-</u> <u>division</u> course (include the univ/college where course was taken)	Date (to be) <u>Completed</u>	Grade (if known)
A. Psychology of Learning:	PSYC 466 _____		_____	_____
	or			
	PSYC 362 _____		_____	_____
B. Development or Child and/or Adolescent PSY:	PSYC 355 _____		_____	_____
C. Statistics for PSY:	PSYC 364 _____		_____	_____
D. Personality	PSYC 382 _____		_____	_____
or Social	PSYC 395 _____		_____	_____
or Abnormal PSY	PSYC 381 _____		_____	_____
E. Psychology Measurement (for PPS Intent)	PSYC 560 _____		_____	_____

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**  
**MA DEGREE IN PSYCHOLOGY: OPTION IN APPLIED/SCHOOL PSYCHOLOGY**

**This part to be completed in advance by the applicant:**

Evaluation of: \_\_\_\_\_  
Last Name First Middle

Applying to: M.A. Psychology, Applied/School Psychology Option (Pupil Personnel Services): Provide assessment, counseling and consultation services in school systems as a school psychologist.

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

### MA DEGREE IN PSYCHOLOGY: OPTION IN APPLIED/SCHOOL PSYCHOLOGY

**This part to be completed in advance by the applicant:**

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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

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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**