Affidavit
Application to Clinical Psychology Concentration
or School Psychology Program

Return application materials to:
Western Kentucky University
The Graduate School
1906 College Heights Blvd., #11010
Bowling Green, KY 42101-1010

Please review and sign the following affidavit:

With this affidavit (and attachment, if applicable) and my signed Standard Graduate Application Form, I hereby apply to the Clinical Psychology concentration or School Psychology program at Western Kentucky University, and do hereby state as follows:

1. Have you ever been charged with or convicted of a felony or misdemeanor (other than a moving traffic violation), been found guilty, entered an Alford plea, or entered a plea of nolo contender (no contest), even if adjudication was withheld, in Kentucky or any other state?

☐ YES ☐ NO

2. If you answer to item 1 above is, “YES,” a separate, signed letter of explanation must be attached to and submitted with this Affidavit.

☐ A check mark affirms that this separate, signed letter of explanation is attached.

I understand that WKU may, at its discretion, request or conduct criminal records background checks on an applicant to the program and I hereby authorize and agree to permit to such background checks be conducted on me.

I recognize and understand that falsification or affirmation in this affidavit or my application form could result in disciplinary action, including, but not limited to, immediate termination from the graduate degree program.

I recognize and agree that acceptance into the above program does not assure program completion, and that the program faculty will evaluate both cognitive and clinical skills in an ongoing process until graduation is achieved.

I also understand and acknowledge that having a criminal background may result in my inability or failure to be hired, certified, or licensed as a psychologist or as a mental health professional.

___________________________________   _________________
Signature        Date

Printed Name

Witnessed By:

___________________________________   _________________
Signature        Date

Printed Name