

## Department of Psychological Sciences

### Master of Science in Psychology and Assistantship Application Form

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

*Please type or print clearly. Note that this form is used to apply **both** for admission to the program and for a graduate assistantship.*

Enter full legal name. Do not use initials. This name is to be used on all of your records and correspondence.

LAST NAME	FIRST	MIDDLE	OTHER NAMES UNDER WHICH RECORDS HAVE BEEN ISSUED			
YEAR OF EXPECTED ENTRANCE FALL 20 ____		EMAIL ADDRESS				
CURRENT/LOCAL MAILING ADDRESS:		STREET	CITY	STATE	ZIP CODE	PHONE
PERMANENT HOME ADDRESS:		STREET	CITY	STATE	ZIP CODE	PHONE
CHECK BELOW TO INDICATE WHETHER YOU ARE OR ARE NOT APPLYING FOR A GRADUATE ASSISTANTSHIP ____ Yes ____ No			PROGRAM OF STUDY (CIRCLE ONE) Industrial/Organizational      Psychological Science			

#### Psychology Courses Taken, Credit Hours, and Grades (Attach Supplementary Sheet if Necessary)

COURSE TITLE	NO.	SCHOOL & DEPARTMENT OFFERING COURSE	HOURS	GRADE	SESSION COMPLETED	GRADUATE (G) UNDERGRADUATE (U)

CUMULATIVE UNDERGRADUATE GRADE POINT AVERAGE (GPA)	JUNIOR/SENIOR YEARS GPA	UNDERGRADUATE GPA IN PSYCHOLOGY
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	Score/Date	Score/Date	OTHER LANGUAGES (INDICATE LEVEL OF READING & SPEAKING ABILITY)
1. GRE Verbal	_____	_____	
2. GRE Quantitative	_____	_____	
3. GRE Writing	_____	_____	
4. MAT (optional)	_____	_____	
5. GRE Advanced (optional)	_____	_____	

ACADEMIC HONORS, PRIZES, ELECTION TO HONORARY SOCIETIES, DISTINCTIONS, SCHOLARSHIPS, FELLOWSHIPS, PUBLICATIONS, PROFESSIONAL SOCIETY MEMBERSHIPS.

RELEVANT OCCUPATIONAL EXPERIENCE (Professional, Vocational, Military, or Teaching Experience, including assistantships)

POSITION TITLE AND DESCRIPTION OF JOB ACTIVITIES	LOCATION	DATES	PAID OR VOLUNTEER
1. _____	1. _____	1. FROM _____ TO _____	1. _____
2. _____	2. _____	2. FROM _____ TO _____	2. _____
3. _____	3. _____	3. FROM _____ TO _____	3. _____

REFERENCES: List names, titles, addresses and phone numbers of three persons acquainted with your ACADEMIC and PROFESSIONAL WORK whom you have already asked to forward letters of recommendation to the Graduate School.

1.  
\_\_\_\_\_

2.  
\_\_\_\_\_

3.  
\_\_\_\_\_

I certify that the foregoing statements and all other information and transcripts submitted by myself in connection with this application for admission and an assistantship are true and correct. I understand that falsification or deliberate omission of information is grounds for rejection of the application or dismissal from the school.

\_\_\_\_\_ Date Agreed

\_\_\_\_\_ Applicant's Signature