



**TEXAS WOMAN'S UNIVERSITY**  
 DEPARTMENT OF PSYCHOLOGY & PHILOSOPHY  
 Counseling Psychology Doctoral Program  
 Application for Admission

IMPORTANT: *All application materials due by **December 15***

**APPLICANT INFORMATION:** Enter full legal name for all Department and University records.

|                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                                                     |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Last Name:</b>                                                                                                                                                                                                                                                                                                                             | <b>First Name:</b> | <b>Middle Name:</b>                                                                                                 | <b>TWU Student ID</b> (if known): |
| <b>Former Name:</b>                                                                                                                                                                                                                                                                                                                           |                    | <b>E-mail Address:</b>                                                                                              |                                   |
| <b>Home Telephone</b> (with area code):                                                                                                                                                                                                                                                                                                       |                    | <b>Cellular Telephone</b> (with area code):                                                                         |                                   |
| <b>Current/Local Address</b> (street, city, state, zip):                                                                                                                                                                                                                                                                                      |                    | <b>Permanent Home Address</b> (street, city, state, zip):                                                           |                                   |
| <b>Country of Citizenship:</b><br><input type="checkbox"/> US <input type="checkbox"/> Other (specify) _____                                                                                                                                                                                                                                  |                    | <b>Date of Birth*:</b>                                                                                              |                                   |
| <b>Sex*:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex                                                                                                                                                                                                                               |                    | <b>Gender*:</b><br><input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender |                                   |
| <b>Ethnic Identity*:</b><br><input type="checkbox"/> African/African American/Black <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian/White (non-Hispanic/Latino/a)<br><input type="checkbox"/> Hispanic American/Latino(a) <input type="checkbox"/> Native American <input type="checkbox"/> Mixed/Bi Racial: _____ |                    |                                                                                                                     |                                   |

\*Optional: You are not required to provide this information

**EDUCATION:** List in order **all** colleges or universities attended, regardless of length of time enrolled or number of credits completed. Begin with the most recent enrollment, including those in which you are currently enrolled.

| NAME OF INSTITUTION | LOCATION<br>City, State,<br>Country | DATES ATTENDED<br>(Month/Year) |        | MAJOR | DEGREE | GPA |
|---------------------|-------------------------------------|--------------------------------|--------|-------|--------|-----|
|                     |                                     | Start                          | Finish |       |        |     |
|                     |                                     |                                |        |       |        |     |
|                     |                                     |                                |        |       |        |     |
|                     |                                     |                                |        |       |        |     |
|                     |                                     |                                |        |       |        |     |
|                     |                                     |                                |        |       |        |     |

**REQUIRED COURSEWORK:** Please indicate whether you have completed the required courses.

|                                                                                                            |                                                                                                                     |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Introduction to Psychology, General Psychology, or Equivalent<br>Course number and name: _____             | <input type="checkbox"/> YES: When _____<br><input type="checkbox"/> NO <input type="checkbox"/> Currently Enrolled |
| Developmental Psychology or Equivalent <sup>1</sup><br>Course number and name: _____                       | <input type="checkbox"/> YES: When _____<br><input type="checkbox"/> NO <input type="checkbox"/> Currently Enrolled |
| Statistics, Introduction to Quantitative Methods, or Equivalent<br>Course number and name: _____           | <input type="checkbox"/> YES: When _____<br><input type="checkbox"/> NO <input type="checkbox"/> Currently Enrolled |
| Experimental Psychology, Research Methods, Research Design, or Equivalent<br>Course number and name: _____ | <input type="checkbox"/> YES: When _____<br><input type="checkbox"/> NO <input type="checkbox"/> Currently Enrolled |
| Cognitive Psychology, Psychology of Learning, or Equivalent <sup>2</sup><br>Course number and name: _____  | <input type="checkbox"/> YES: When _____<br><input type="checkbox"/> NO <input type="checkbox"/> Currently Enrolled |
| Any Psychology Elective:<br>Course number and name: _____                                                  | <input type="checkbox"/> YES: When _____<br><input type="checkbox"/> NO <input type="checkbox"/> Currently Enrolled |

<sup>1</sup> The contents of this course must cover the lifespan (child or adolescent development is not acceptable).

<sup>2</sup> Sensation and Perception courses are not acceptable.

**GRE SCORES:** Beginning with the most recent, include information for each time you have taken the exam.

|             |         |               |          |
|-------------|---------|---------------|----------|
| Date Taken: | Verbal: | Quantitative: | Writing: |
| Date Taken: | Verbal: | Quantitative: | Writing: |
| Date Taken: | Verbal: | Quantitative: | Writing: |
| Date Taken: | Verbal: | Quantitative: | Writing: |
| Date Taken: | Verbal: | Quantitative: | Writing: |

**ADDITIONAL QUESTIONS:**

|                                                                                                                                                                                                                                                                                                      |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Do you have a graduate degree (e.g., MA, MS), or are you presently enrolled in a graduate program, in a related field (e.g., counseling, psychology)? When will/did you finish: _____?                                                                                      | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| <input type="checkbox"/> If you have completed a graduate degree, or are currently enrolled in a graduate program, will you have completed a thesis before beginning your studies at TWU?                                                                                                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| <input type="checkbox"/> If not admitted to TWU's Ph.D. Program, would you like to be considered for our MA program in Counseling Psychology ( <a href="http://www.twu.edu/psychology-philosophy/counseling-psych-masters.asp">www.twu.edu/psychology-philosophy/counseling-psych-masters.asp</a> )? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

**ESSAYS:** Respond to the following five questions. Each response should NOT exceed 250 words in length.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. What incident or major life-event most influenced your desire to pursue an advanced degree in counseling psychology?</li> <li>2. Identify and discuss a specific cultural group to whom you think it would be difficult for you to provide counseling or psychological services.</li> <li>3. Describe a mentor or role model who affected your decision to pursue an advanced degree in counseling psychology.</li> <li>4. Describe your anticipated career trajectory (i.e., where do you see yourself one year, 10 years, and 20 years after completing your degree)?</li> <li>5. What are your major research interests?</li> </ol> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**CERTIFICATION:** I certify that the foregoing statements and all other information and transcripts submitted by me in connection with the application for admission are true and correct. I understand that falsification or deliberate omission of information is grounds for rejection of the application or dismissal from the program.

|                          |                               |                     |
|--------------------------|-------------------------------|---------------------|
| <b>Applicant's Name:</b> | <b>Applicant's Signature:</b> | <b>Date Signed:</b> |
|                          |                               |                     |