

APPLICATION FOR ADMISSION TO GRADUATE STUDY IN CLINICAL PSYCHOLOGY

Department of Psychological Science, University of Arkansas, Fayetteville, AR, 72701

Please complete this form and email it, along with your responses to the required questions and curriculum vita (CV), to ctcgrad@uark.edu. Also, if any information on this application changes, please notify the Graduate Studies Coordinator by email (ctcgrad@uark.edu) or by telephone at (479)575-4256.

Remember to complete all steps detailed in our Instructions page, including the completion of the Office of the Graduate School and International Education application process online. The online application is a separate process from the departmental application. For more information, see our Instructions sheet and go to <https://application.uark.edu/>.

Interviews (for those students invited) will be held virtually in January.

1. Name: _____
Last First Middle

2. Email Address: _____

3. Current Mailing Address: _____

4. Permanent Address: _____

5. Telephone numbers at which you can be reached (with area codes). Please notify the Admissions Coordinator if your telephone number changes.

Days _____ Evenings _____

6. Please list three (or more) persons from whom you have requested letters of recommendation.
Writers are to submit the letter via the Graduate School UA Connect online Applicant Center.

Name/Title	E-mail address

7. Degrees earned or in progress (Please upload all unofficial transcripts for undergraduate and graduate work to your Graduate School UA Connect online Applicant Center.)

Institution and Location	Degree	Field of Study	Date Earned or Expected

8. If you have completed or have in progress an honors and/or master's thesis, please give the title, the status with respect to completion (e.g., data currently being collected, defended, published), and the name of the director of your thesis research.

Honors Thesis Title: _____	Master's Thesis Title: _____
Director: _____	Director: _____
Status: _____	Status: _____

9. If you have taken the Graduate Record Examination (GRE) or have arranged to do so, please indicate the date(s) of the test. If you know your scores, please fill in that information. If you have taken the GRE more than once, report your highest score in each category. Note that the psychology subject exam is not required of applicants to our program, but may be reported optionally. You must send the official GRE report to the Graduate School.

Date(s) you took the exam:	Raw Score	Percentile
GRE General Aptitude: _____ MM/DD/YY	Verbal: _____	_____
GRE Subject (optional): _____ MM/DD/YY	Quantitative: _____	_____
	Writing: _____	_____
	Subject (optional): _____	_____

10. Undergraduate GPA: Total GPA for completed undergraduate courses _____
 Undergraduate GPA for LAST 2 YEARS ONLY _____
 GPA for PSYCHOLOGY COURSES ONLY _____

11. Graduate GPA: Total GPA for completed graduate courses, if applicable _____

12. Research Interests:

Our website (<http://fulbright.uark.edu/departments/psychological-science/graduate-programs/clinical-psychology/index.php>) contains descriptions of focus areas and an outline of the specific research interests of each of our faculty members. Please review this information before completing this portion of the application. Because the match between student and faculty interests is an important factor in admissions decisions, applicants who are interested in research topics that are not available here are advised not to submit an application. Please indicate your interest in specific faculty members. Please read about the research interests of all faculty members. Then indicate which faculty you would like to work with by placing a "1" next to your first preference, a "2" next to your second preference, etc.

Clinical Psychology Faculty:

_____ Bridges	_____ Quetsch
_____ Cavell	_____ Vargas
_____ Ham	_____ Veilleux
_____ Judah	_____ Zamboanga
_____ Leen-Feldner	_____ Other faculty:

13. Personal statement, CV, and other support materials:

Please attach all to the application email.

- a. Please submit a personal statement that includes the four following headers:
 1. Career goals.
 2. How your career goals fit with the training program at the University of Arkansas.
 3. Research interests and goals while in graduate school.
 4. Fit with faculty member(s).
- b. Please submit a curriculum vita (CV) detailing relevant accomplishments and experiences (e.g., conference presentations).
- c. Optional: If you have other items that you would like to include as writing samples (e.g., honors thesis, preprints, etc.), please feel free to include these supplemental materials as well.

14. Internship Statement:

In order to earn the Ph.D. in Clinical Psychology, students are expected to complete an American Psychological Association (APA) approved pre-doctoral clinical internship. After successfully proposing their dissertation research, students must apply via the Association of Psychology Postdoctoral and Internship Centers or placement at an internship site. **Placement of students at APA-approved internships is beyond the control of the University of Arkansas and is determined by the APPIC match process.** Data concerning internship placement success rates of University of Arkansas clinical psychology doctoral students is located on the Psychological Science website (<http://psyc.uark.edu>).

Initialing here means that I have read and understand this statement. _____

15. Have you ever been convicted of an offense against the law other than a minor traffic violation?

NO _____ YES _____

If yes, please explain: _____

Promising applicants identified by the initial review are invited to participate in an interview process (on-site or by phone) that will occur in January. Prior to participating in interviews, invited applicants are required to undergo a criminal background check and a sex offender registry check (see *Instructions for Completion of Graduate Application: Doctoral Program in Clinical Psychology*).

By entering your name into this box, you agree that the information given in this application is accurate and complete to the best of your knowledge.

Signature _____ Date _____

Save this file using the following file name: "LAST_NAME_Clinical_Program_Department_Application." For example, "DOE_Clinical_Program_Department_Application." Attach the application, personal statement, CV, and any supplemental materials to an e-mail to be sent to ctcgrad@uark.edu. Please put "Graduate Student Application" in the subject line. Please ask writers of your letters of recommendation to watch for an email from the Office of the Graduate School and International Education with information about uploading their letter of recommendation. Be sure to also complete the Graduate School application online, upload your unofficial transcripts, and send your GRE scores to the Graduate School.

Thank you for your interest in our program!