

**DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY  
APPLICATION FOR CLINICAL PSYCHOLOGY DOCTORAL PROGRAM**

**Name:**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Other Names:** (as they may appear on transcripts/other materials) \_\_\_\_\_

**Current Street Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:**      **Male**          **Female**                      **Are you a US Citizen?**          **Yes**          **No**

**Ethnicity:** (This information is optional and is only used for reporting purposes if given)

- |  |   |
|--|---|
| American Indian or Alaskan Native                | White   |
| Asian  | Two or More Races                             |
| Black  | Race and Ethnicity Unknown                    |
| Nat. Hawaiian or Other Pacific Islander          | Non-Resident Alien (of any race or ethnicity) |
| Hispanic or Latino or Spanish Origin of Any Race |   |

**Current address is correct until this date:** \_\_\_\_\_. **Then send mail to address below:**

**Street Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Undergraduate Degree, Major, Program, and Year**  
(ex. BS in Psychology at UK 2009):

**Master Degree, Major, Program, and Year (if applicable)**  
(ex. MS in Psychology at FSU 2009):

**Names of persons who will be writing letters of recommendation (Three Required):**

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

**Check the emphasis for which you wish to be considered:**

**Scientist-Practitioner Emphasis**

**Check here if interested in MPH/Ph.D.**

**Indicate Area of Concentration for which you wish to be considered AND list the faculty you are most interested in working with:**

**Faculty:**

- Clinical-Child/Pediatric** \_\_\_\_\_
- Medical/Health** \_\_\_\_\_
- Neuropsychology** \_\_\_\_\_
- Emotion Neuroscience/Psychopathology** \_\_\_\_\_

**Other Training Interests:**

**For Office Use Only**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>UF Application</b>     |   |
| <input type="checkbox"/> <b>Dept. application</b>  | <input type="checkbox"/> <b>GRE Scores</b>  |
| <input type="checkbox"/> <b>Letters (3)</b>        | <input type="checkbox"/> <b>Transcripts</b> |
| <input type="checkbox"/> <b>Personal Statement</b> | <input type="checkbox"/> <b>CV</b>          |