



FOR OFFICE USE ONLY:	
Admitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
By _____	Date _____
Program Director	

Application for Psychology Specializations

Return form to: Graduate Admission Office-Department of Psychology
60 West Olsen Road #4150 Thousand Oaks, Ca 91360

Term applying for: Fall semester, Year _____ Spring semester, Year _____

Specialization Area: (Oxnard Center) Family Mediation Latino Counseling
(Thousand Oaks Campus) Counseling and Spirituality Recovery Model Attachment Theory

Name: _____

Permanent Address: _____

Mailing Address (if different from above):

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____

Social security Number: XXX - XX - _____ **Date of Birth:** _____ **Place of Birth:** _____

Employer: _____

Occupation: _____

Professional License Number (if applicable): _____

Have you ever been convicted of a crime? Yes No (A conviction is not necessary disqualifying. Each case will be evaluated on its own merits and its applicability to the program)

Universities Attended:

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The following items must be submitted to apply to a Specialization area:

- Application
- One Letter of Recommendation-only professional or academic letters will be accepted
- Official transcript from highest degree earned (minimum of Bachelor's degree required)
- Copy of Professional License.

Please collect all materials, and submit them along with this application to the address listed above.