

UNIVERSITY OF OKLAHOMA  
COLLEGE OF EDUCATION  
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

**COUNSELING PSYCHOLOGY\***  
**APPLICATION FOR ADMISSION TO THE PH.D. PROGRAM**

DIRECTIONS: Supply the information requested as briefly as you can to present your situation both accurately and clearly. Attach additional sheets as necessary.

**A. General Information:** *(Please type or print)*

Name \_\_\_\_\_  Male  Female

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mailing Address for Reply \_\_\_\_\_

Permanent Address \_\_\_\_\_

Ethnic Background (Optional):

- Caucasian
- African-American
- American Indian
- Hispanic
- Asian
- Other

I have attended these colleges and universities:

Institution	Dates Attended	Degree Rec'd	Major/Minor	GPA
-------------	----------------	--------------	-------------	-----

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

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

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

Date of most recent GRADUATE RECORD EXAM (GRE) General Test \_\_\_\_\_  
MO. YR.

**B. Background Experience: List the last major jobs you held and supply the information requested. List the most recent one first and then the other two in descending order, according to date.**

1. Date of employment: From \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Description of your work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

2. Date of employment: From \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Description of your work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

3. Date of employment: From \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Description of your work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Reason for leaving: \_\_\_\_\_

---

**C. Outside Activities and Interests:**

1. I now belong to or have belonged to the following professional and/or honorary organizations.

Organizations	Years of Membership
(a) _____	From _____ to _____
(b) _____	From _____ to _____
(c) _____	From _____ to _____

2. Please discuss any unusual or unique experiences you have had, both personal and/or professional, that may be relevant to your professional development in the field of Counseling Psychology.

---

---

---

---

---

---

3. Volunteer work, part-time jobs, or experience which may be relevant:

---

4. Research interests and experience. Please describe your current research interests and any research projects with which you have been involved. Include copies of any articles or other works you have had published.

---

---

---

---

---

---

---

---

---

---

**D. Professional Orientation:**

1. Supply a statement regarding your interest in the field of Counseling Psychology, incorporating the following points as the basis of your statement: How you conceptualize Counseling Psychology in relation to other areas of psychology, which setting you plan to enter after graduation (community agency, college counseling center, academic position, or health setting, etc.) and present limitations that might cause difficulties in your professional development. (Attach additional page(s).
2. Supply a statement regarding your professional development and interest, addressing the following: At this point in your professional development and interest, what kind of theoretical orientation do you feel most comfortable with? From your point of view, what kind of graduate curriculum would come closest to meeting your professional interests and needs? (Attach additional page(s).

**E. Three letters of recommendation are required from individuals (former faculty, employers, etc.) who are familiar with your qualifications and potential for doctoral work. There is not a specific recommendation form to use. Letters from psychologists are typically most helpful.**

**F. Please include a current curriculum vita or resume with this application.**

**G. Please respond to the items below and clarify, if necessary, in a written explanation.**

1. During the preceding ten-year period, have you ever been convicted of a felony?  
 Yes  No
2. During the preceding ten-year period, have you ever been convicted of a crime involving moral turpitude?  
 Yes  No
3. Have you ever experienced or been treated for substance abuse?  
 Yes  No
4. Have you ever experienced or been treated for severe mental health problems (e.g., clinical depression, personality disorders or other major conditions) that may impair your judgment or create performance difficulties with program requirements?  
 Yes  No

If you responded “Yes” to any of the four items above, please explain below.

---

---

---

---

---

---

**H. Applicants who are considered by the faculty to be the best match with the Counseling Psychology Program will be asked to come to campus for a personal interview. In certain cases, phone interviews may take the place of in-person interviews.**

**I. In order to help us evaluate our recruiting efforts, please indicate how you came to know about our program.**

1. \_\_\_\_\_ A class you took \_\_\_\_\_  
(name of class or instructor)
2. \_\_\_\_\_ From friends or acquaintances.
3. \_\_\_\_\_ Mail-out letters with brochures
4. \_\_\_\_\_ University recruiters
5. \_\_\_\_\_ Other \_\_\_\_\_

**J. Experience has shown us that some students applying to the Ph.D. Counseling Psychology program often make excellent candidates for our M.Ed. program in Community Counseling. (For various reasons such as minimal experience and so on). Participation in the M.Ed. program can be helpful in subsequent applications to doctoral programs.**

**If we are unable to offer you acceptance into our doctoral program, would you be interested in having your application considered for our masters program?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**K. For reporting purposes only, please indicate if you are a recipient of any scholarship, fellowship etc. (ie: McNair Scholar)**

\_\_\_\_\_

**L. Applicant Signature.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please return this application to:**

Applications Officer  
Educational Psychology Department  
Collings Hall, Room 321  
820 Van Vleet Oval  
Norman, OK 73019-2041

*\*Application materials become the property of the University of Oklahoma Department of Educational Psychology and will not be returned.*