



**LOYOLA**  
UNIVERSITY MARYLAND

## Application Procedures and Inventory Listing

### Psychology

Name: \_\_\_\_\_

**Application Deadline: December 1 - Fall Semester**

#### Inventory Listing:

Please make certain that all appropriate boxes have been checked on this form and include this inventory listing with the application materials you send to the Office of Graduate Admission.

- Signed application form
- Graduate Record Examination (**GRE**) exam scores sent directly from Educational Testing Services\*
- Transcripts (**official - in sealed envelopes**) Number of institutions attended \_\_\_\_\_
- Current resumé or vitae (please forward via email to [graddocs@loyola.edu](mailto:graddocs@loyola.edu))
- Three Letters of Recommendation in sealed envelopes
- Essay responding to question on application form (please forward via email to [graddocs@loyola.edu](mailto:graddocs@loyola.edu))
- WES Evaluation and Translation - *Required only for college or university studies pursued outside the United States*
- TOEFL Score Report – *Required only if English is not your native language or if you have not completed a degree program taught in English. Score cannot be more than two years old. \**
- International Student Supplemental Forms—required only if student visa is needed

\*Loyola's institution code is 5370

#### Please send all required documents to:

Loyola University Maryland  
Graduate Admission Processing Center  
P.O. Box 1447  
Beltsville, MD 20704

Applicants who are offered admission are required to submit a \$1,000 non-refundable enrollment deposit to be applied to first semester's tuition.

**Note:** No action can be taken on your application for admission until all required materials, fees, and transcripts are received.

**On-line applications are available at [www.loyola.edu/graduate](http://www.loyola.edu/graduate)**



# Psychology Application for Admission

**Program of Study - Psy.D. Clinical Psychology (full-time)**

## Personal Data

Legal Name: \_\_\_\_\_  
DR/MR/MRS/MS/OTHER LAST FIRST MI JR/III/ETC.

Former Name(s): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE COUNTRY ZIP/POSTAL CODE

Mailing address: \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE COUNTRY ZIP/POSTAL CODE

Telephone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
AREA CODE/NUMBER AREA CODE/NUMBER

E-mail address: \_\_\_\_\_

**Demographic Information** Gender: Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship\* \_\_\_\_\_  
MO/DAY/YR

Are you a permanent resident of the United States? Yes \_\_\_ No \_\_\_ Visa Type \_\_\_\_\_

*\* IF YOU WERE BORN OUTSIDE THE UNITED STATES, YOU ARE REQUIRED TO PROVIDE PROOF OF CITIZENSHIP (COPIES OF A BIRTH CERTIFICATE OR US PASSPORT) OR A COPY OF YOUR RESIDENT ALIEN CARD. IF YOU REQUIRE A F-1 VISA, YOU ARE REQUIRED TO COMPLETE THE INTERNATIONAL STUDENT SUPPLEMENTAL FORM AS PART OF YOUR APPLICATION FOR ADMISSION.*

## Employment

Present Position: \_\_\_\_\_ Length in Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE COUNTRY ZIP/POSTAL CODE

Employer Tuition reimbursement : Yes \_\_\_ No \_\_\_ Percentage or amount: \_\_\_\_\_

**Educational Background**

List **ALL** colleges/universities attended. You are **required** to submit **official transcripts from each institution**.

College/University	Attendance Dates	Degree/Certificate	Completion Date

**Student Classification** (*select one*)

- First Time Loyola Graduate Applicant                       Re-applicant to Same Program  
 Former Loyola Graduate Student Returning to New Program     Non-matriculating Applicant

**Personal Essay**

On a separate sheet(s) of paper, type a concise essay describing your academic and professional achievements and goals, and how Loyola’s graduate program in Psychology will help you fulfill your goals (minimum 200 words).

*The following questions are optional and are used for statistical purposes only.*

Are you of Hispanic or Latino Origin?     Yes             No

What is your race? Select one or more of the following categories:

- American Indian or Alaska Native       Black or African American   
 Native Hawaiian or Other Pacific Islander       Asian       White

Religious Affiliation: \_\_\_\_\_

**Certification**

*I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate and true to the best of my knowledge. I have authorized each college or university I have attended to release academic and personal information as related to this admission application upon request by Loyola University Maryland. I agree to submit other materials that are required for this admission application. I understand that furnishing false information on any part of this admission application may result in cancellation of admission or registration or both.*

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

LOYOLA UNIVERSITY MARYLAND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, NATIONAL AND ETHNIC ORIGIN, AGE, RELIGION, AND DISABILITY IN THE ADMINISTRATION OF ANY OF ITS EDUCATIONAL PROGRAMS AND ACTIVITIES OR WITH RESPECT TO ADMISSION AND EMPLOYMENT. THE DESIGNATED COMPLIANCE OFFICER TO ENSURE COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENT(S) OF 1972, AS AMENDED, AND WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, IS GEORGE CASEY, ASSISTANT VICE PRESIDENT FOR HUMAN RESOURCES, YORK ROAD, RM. 206, 410-617-2354. LOYOLA UNIVERSITY MARYLAND IS AUTHORIZED UNDER FEDERAL LAW TO ENROLL NON-IMMIGRANT, ALIEN STUDENTS

**\* All application materials, once submitted, become the property of Loyola University Maryland and cannot be returned.**



# Graduate Programs Transcript Request

**To the Applicant: Send this form to each institution you attended.** Many institutions charge a fee for official transcripts. To avoid delays, check each institution's policy in advance.

Name: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

Mailing Address: \_\_\_\_\_  
  NUMBER AND STREET  
\_\_\_\_\_  
                    CITY                                    STATE                                    COUNTRY                                    ZIP/POSTAL CODE

Name of institution attended: \_\_\_\_\_

Date of enrollment: From \_\_\_\_\_ To \_\_\_\_\_  
  MONTH/YEAR  MONTH/YEAR

Former and/or other name(s) while attending this institution: \_\_\_\_\_

I hereby authorize the release of my transcript to Loyola University Maryland.

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

**To the Registrar:** The person submitting this form is applying to the Graduate Programs at Loyola University Maryland. The Office of Graduate Admission at Loyola requests that you attach a copy of the applicant's official academic record to this form and insert the materials into the envelope provided by the student or an envelope used for official correspondence. Seal the envelope and **sign across the flap** to ensure confidentiality. Thank you for your assistance. Return the sealed envelope to the applicant or mail directly to Loyola University Maryland, Graduate Admission Processing Center, P.O. Box 1447, Beltsville, MD 20704.