



Date Received _____

Application for Admission to the Graduate Program in Psychology

NAME _____
Last First Middle Initial

Buff ID # (if available) _____ Date of Birth _____
Month Day Year

Address _____
Street City State Zip Code

Preferred Phone# _____ Preferred Email _____

Would you like to disclose the presence of a disability that might necessitate special aids, accommodation, or attention? YES NO

If so, please describe _____

State of Legal Residence _____

Are you a citizen of the United States? YES NO First Language _____

Have you applied, been admitted, or enrolled in WTAMU previously? YES NO If yes, please describe. _____

Are you applying to the (Circle One) **Psychology Master's Program** **School Psychology Program**

If admitted, do you plan to take (Circle One) **9-12** **3-6** hours per semester?
Full Time Part Time

