



171 Moultrie Street • Charleston, South Carolina 29409-6250  
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## Admissions Questionnaire School Psychology Program

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

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ Today's date \_\_\_\_\_

Current Employment: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Summary of Work Experience (From Present to Past)

<u>Dates</u>	<u>Institutions</u>	<u>Position</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to attend \_\_\_\_\_ part-time (less than 12 hrs/semester) or \_\_\_\_\_ full-time (12 hrs./semester)?

Are you requesting a transfer from another program?

\_\_\_\_ No \_\_\_\_ Yes (If yes, I am requesting a transfer from): \_\_\_\_\_

\_\_\_\_ at The Citadel (please specify program or Non-degree status).

\_\_\_\_ at another institution (please specify).

Please answer the following questions (use additional paper if necessary)

- 1) Briefly describe your reasons for applying to The Citadel's program (as opposed to other programs in the state, region, or country).
  
- 2) Briefly describe your reasons for pursuing a graduate degree in School Psychology at this time.
  
- 3) What career plans do you have following completion of this program?
  
- 4) What characteristics do you possess that you believe will facilitate your career in School Psychology?
  
- 5) Are there any other factors that you believe are important for the Admissions Committee to consider when reviewing your application?
  
- 6) Have you ever been arrested, convicted or indicted for any offenses other than minor traffic violations?  
\_\_\_\_\_Yes \_\_\_\_\_No (If yes, attach separate statement of date, charge, and disposition).
  
- 7) I am aware of the provisions of the Family Educational Rights and Privacy Act. I hereby authorize release of the personal information requested and an official copy of my academic record to The Citadel. I am aware that this information will be forwarded to The Citadel without my review. I, therefore, waive right of access to said information.

I understand that if the information I present in the application changes after it is submitted, I must immediately inform The Citadel Graduate College.

I also certify that none of the information on this form is false or has been withheld. I further certify that I understand that giving false information or withholding information may make me ineligible for admission or to continue my enrollment at The Citadel Graduate College. I understand it is my responsibility to read and comply with the CGC Catalog.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

