



**Application Instructions for the
Clinical Psychology Doctoral Program at C.W. Post (Psy.D.)**

I. Application Form

Application form instructions are below.

II. Personal Statement

Personal statement instructions are below.

III. Curriculum Vitae

A current C.V. is required.

IV. Application Fee

Attach the \$30 application fee to the application form made payable to Long Island University.
This fee is non-refundable.

V. Requirements for Admission

- A minimum of a baccalaureate degree from an accredited college or university.
- A minimum of 18 credit hours of psychology, including courses in Statistics, Research Design or methods, Personality and Abnormal Psychology.
- Competitive GRE scores in each of the aptitude subtests & the Advanced Psychology test.

VI. Transcripts

Copies of all undergraduate and graduate transcripts must be submitted. Transcripts must be in sealed envelopes from the universities' Registrar and signed over the seal of the envelope.

VII. Letters of Recommendation

Applicants for the Doctoral Program are required to provide three separate recommendations. Provide each recommender with a Recommendation form. Applicants should complete the upper portion of the form. Recommendations should be from an academic source, preferably a professor or academic official who is familiar with your academic history and achievement.

Recommendations may also be from an individual(s) who has observed your performance in a clinical setting. Please use the 3 forms below, "Recommendation for Admissions."

Recommendations do not have to be in duplicate, but if possible, submit two copies of each.

VIII. Graduate Admissions Test

Applicants must submit official copies of their scores on the Graduate Record Examination (GRE), the writing GRE exam, and Advanced Psychology tests. Scores should be sent directly to the Graduate Admissions Office. C.W. Post's Educational Testing Service (ETS) Service Code is 2070. Applications without all test scores submitted will *not* be considered.

IX. Submitting Application Materials & Deadline

The program requires two hard copies of your CV, personal statement, recommendation letters, and transcripts be sent to Graduate Admissions in one envelope. Double-sided is preferred. Each transcript and recommendation letter should be in its own sealed (with a signature over the seal) envelope. GRE scores are the only item that should be mailed directly from the center. Graduate Admissions will begin accepting applications in October. Completed applications must be post-marked by January 15th, 2008. Late applications will *not* be considered. Please mail all materials (except for GRE scores, which must be sent directly by ETS) to:

*Graduate Admissions Office
C.W. Post Campus / Long Island University
720 Northern Blvd.
Brookville, NY 11548*



C.W. Post Campus / Long Island University
Clinical Psychology Doctoral Program

PERSONAL STATEMENT

Personal statements should be about three pages in length. Your personal statement should be typed and double-spaced. We prefer double-sided as well. Be sure to include your full name and page numbers in the upper-right-hand corner of each sheet. Because our Doctoral program is specifically geared to training clinical practitioners, the personal statement required of each applicant is designed to provide us with information concerning the correspondence between an applicant and the aims of the program. With this in mind, your personal statement should address each of the following:

1. Your specific goals in applying to the Doctoral Program in Clinical Psychology.
2. The scope and nature of any prior clinical experience.
3. In addition to general training in the practice of clinical psychology, the C.W. Post doctoral program emphasizes training for work in the public sector with underserved populations. Please elaborate on your interest level in the program's current specialty concentration areas: Developmental Disabilities, Family Violence, and Serious and Persistent Mental Illness.
This statement is a preference, not a commitment. Students make a formal commitment to one of the areas in the spring of the second year in the program.



C.W. Post Campus / Long Island University
Clinical Psychology Doctoral Program

Recommendation for Admission
Clinical Psychology Doctoral Program (PsyD)

Deadline: January 15, 2009

APPLICANT: Complete this portion of the form, then give it to your sponsor with a stamped, addressed envelope.

Name of Applicant: _____
Last Name First Name Middle

Social Security Number: _____

Name of Sponsor: _____

The Family Educational Rights and Privacy Act grants students and graduates the right to access letters of recommendation. The opportunity to waive this right is also provided. Please check I ____ do ____ do not waive the right to access this letter.

Signature of Applicant Date

Recommender: Please fill in the below information and attach a recommendation letter (preferably in duplicate and double-sided). All recommendation materials should be placed in a small envelope, sealed, and signed over the seal by the recommender. Applicants are asked to place all their application materials in one large envelope to be sent to Graduate Admissions.

1. I have known the applicant for _____ years _____ months.
2. I know the applicant _____ slightly _____ fairly well _____ very well.
3. I have known the applicant as a(n):
 _____ Undergraduate Student _____ Graduate Student
 _____ Advisee _____ Peer/Colleague
 _____ Other (please specify) _____
4. The population with which I am comparing this applicant consists of:
 - undergraduate students I have taught/known
 - graduate students I have taught/known
 - all undergraduate and graduate students I have taught/known
 - colleagues I have worked with
 - people I have supervised
5. In a separate letter please provide a frank assessment of this applicant's potential for success in a rigorous doctoral clinical psychology and practice in professional psychology. Please focus on overall academic ability, written and verbal comprehension and expression, judgment, dependability, as well as assets and liabilities in emotional functioning and personality.



C.W. Post Campus / Long Island University
Clinical Psychology Doctoral Program

Recommendation for Admission
Clinical Psychology Doctoral Program (PsyD)

Deadline: January 15, 2009

APPLICANT: Complete this portion of the form, then give it to your sponsor with a stamped, addressed envelope.

Name of Applicant: _____
Last Name First Name Middle

Social Security Number: _____

Name of Sponsor: _____

The Family Educational Rights and Privacy Act grants students and graduates the right to access letters of recommendation. The opportunity to waive this right is also provided. Please check I ____ do ____ do not waive the right to access this letter.

Signature of Applicant

Date

Recommender: Please fill in the below information and attach a recommendation letter (preferably in duplicate and double-sided). All recommendation materials should be placed in a small envelope, sealed, and signed over the seal by the recommender. Applicants are asked to place all their application materials in one large envelope to be sent to Graduate Admissions.

1. I have known the applicant for _____ years _____ months.
2. I know the applicant _____ slightly _____ fairly well _____ very well.
3. I have known the applicant as a(n):
 _____ Undergraduate Student _____ Graduate Student
 _____ Advisee _____ Peer/Colleague
 _____ Other (please specify) _____
4. The population with which I am comparing this applicant consists of:
 - undergraduate students I have taught/known
 - graduate students I have taught/known
 - all undergraduate and graduate students I have taught/known
 - colleagues I have worked with
 - people I have supervised
5. In a separate letter please provide a frank assessment of this applicant's potential for success in a rigorous doctoral clinical psychology and practice in professional psychology. Please focus on overall academic ability, written and verbal comprehension and expression, judgment, dependability, as well as assets and liabilities in emotional functioning and personality.



Recommendation for Admission
Clinical Psychology Doctoral Program (PsyD)

Deadline: January 15, 2009

APPLICANT: Complete this portion of the form, then give it to your sponsor with a stamped, addressed envelope.

Name of Applicant: _____
Last Name First Name Middle

Social Security Number: _____

Name of Sponsor: _____

The Family Educational Rights and Privacy Act grants students and graduates the right to access letters of recommendation. The opportunity to waive this right is also provided. Please check I ____ do ____ do not waive the right to access this letter.

Signature of Applicant

Date

Recommender: Please fill in the below information and attach a recommendation letter (preferably in duplicate and double-sided). All recommendation materials should be placed in a small envelope, sealed, and signed over the seal by the recommender. Applicants are asked to place all their application materials in one large envelope to be sent to Graduate Admissions.

1. I have known the applicant for _____ years _____ months.
2. I know the applicant _____ slightly _____ fairly well _____ very well.
3. I have known the applicant as a(n):
_____ Undergraduate Student _____ Graduate Student
_____ Advisee _____ Peer/Colleague
_____ Other (please specify) _____
4. The population with which I am comparing this applicant consists of:
 undergraduate students I have taught/known
 graduate students I have taught/known
 all undergraduate and graduate students I have taught/known
 colleagues I have worked with
 people I have supervised
5. In a separate letter please provide a frank assessment of this applicant's potential for success in a rigorous doctoral clinical psychology and practice in professional psychology. Please focus on overall academic ability, written and verbal comprehension and expression, judgment, dependability, as well as assets and liabilities in emotional functioning and personality.