**Howard University**

**Department of Psychology**

**Clinical Psychology PhD Program**

**Application Checklist**

Deadline for admissions is December 1st. Fall Semester admissions only. Please use the following checklist to insure receipt of all requested materials by the appropriate office **before** the stated deadline. Items must be **received** by the deadline, not mailed at that time. This tool is meant for applicant use only. DO NOT turn this in to the Graduate School or to the Psychology Department as any part of your application. Only the Supplemental Application Form on the next page should be turned in, as a cover letter to your supplemental application materials. **IF THESE INSTRUCTIONS ARE NOT FOLLOWED PRECISELY, YOUR SUPPLEMENTAL APPLICATION AS WELL AS YOUR GRADUATE SCHOOL ONLINE APPLICATION MAY NOT BE REVIEWED.**

Apply to the Graduate School online at:

[***https://app.applyyourself.com/AYApplicantLogin/fl\_ApplicantLogin.asp?id=howardgrad***](https://app.applyyourself.com/AYApplicantLogin/fl_ApplicantLogin.asp?id=howardgrad)

*\_\_\_\_* Howard University Graduate School Online Application Forms

\_\_\_\_ Statement of Academic, Research and Professional Practice Goals

\_\_\_\_ Autobiographical Sketch

\_\_\_\_ Resume or CV

\_\_\_\_ Writing Sample (optional); should be a published article, paper under review, or an APA-style psychology research paper of maximum 10 pages; please modify as necessary)

\_\_\_\_ Unofficial Transcript (electronic upload)

\_\_\_\_ 3 Recommendations (4th optional)

\_\_\_\_ $75.00 Application Fee Paid (non-refundable)

Have these test scores sent directly to the Graduate School:

**Howard University Institution Code is 5297. No department code is needed.**

*\_\_\_\_* Official GRE Report (Verbal, Quantitative, and Analytical)

*\_\_\_\_* Official Psychology GRE Report (optional)

*\_\_\_\_* Official TOEFL Report (if applicable)

Apply to the Clinical Psychology PhD Program by email:

Please submit your supplemental application to the Director of Clinical Training (DCT) at [dso@howard.edu](file:///E%3A%5CClinPsyc%20website%20update%2020170324%5Cdso%40howard.edu). The document should be titled Last Name\_First Name\_Application Year (e.g., Smith\_John\_2015).

Please do not send the supplemental application to the Graduate School address.

**Application Deadline: December 1**

For More Information, Email:

Lorena Daniels, Program Assistant, email Lorena.daniels@howard.edu; 202-806-6810

Dominicus So, Ph.D., Director of Clinical Training, email: dso@howard.edu

If you have additional questions about the Graduate School application process, please contact hugsadmission@howard.edu. If you have additional questions about the Clinical Psychology PhD Program application process, please contact Lorena.daniels@howard.edu.

DO NOT SUBMIT THIS SHEET – FOR APPLICANT USE ONLY

**Howard Univ. Clinical Psychology Ph.D. Program Supplemental Application Form** - Fall of \_\_\_\_\_ (year)

**Please write clearly. No need to type. Brief phrases OK. Answer all items. 1 page only.**

**Email to** dso@howard.edu

**Dr. Dominicus So, c/o Clinical Student Selection Committee.**

Assistant: 202-806-6810; Program website: <http://coas.howard.edu/psychology/clinical/>

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Cell ( ) \_ \_\_\_\_\_\_ \_\_\_\_\_ Work ( ) \_\_\_ \_\_\_\_\_\_\_\_\_

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

Degrees: (year, major, institution, city, country)

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

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

Undergraduate GPA: \_\_\_\_\_\_ Psychology undergraduate GPA: \_\_\_\_\_\_\_ Psychology Graduate GPA: \_\_\_\_\_\_\_

GRE (Verbal/Quantitative/Analytic Writing/Psychology): V\_\_\_\_\_ /Q \_\_\_\_\_ /W \_\_\_\_\_ / Psyc \_\_\_\_ GRE Date: \_\_\_\_

Number of publications: \_\_\_\_\_ Number of posters or presentations: \_\_\_\_\_

List research interests to pursue in graduate school (general areas, specific questions, research advisor, etc.)

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

List clinical interests to pursue in graduate school (population, clinical concerns, disorders etc.)

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

List 2 most significant research experience (position, institution, duration, supervisor):

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

List 2 most significant clinical experience (position, institution, duration, supervisor):

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

Any funding for attending graduate school (amount, sources, possibility, duration):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been placed on probation, suspended, terminated, asked to leave, or spontaneously left a job or academic program, or convicted of a felony or crime, or have a professional license revoked, or a case of professional misconduct brought against you by any professional organization, licensing or ethics board? **Write yes or no here: \_\_\_\_\_\_**.

Also, explain in details each incident/case, issues, and resolution on a separate page, and state if you would be willing or not to provide us with or authorize us for a background check. **Write yes or no here: \_\_\_\_\_\_.** Funding & clinical sites often require such clearance involving patient care or research participant protection.

Other remarks on your qualifications not described in the application anywhere else?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required to state the accuracy of your answers above); Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Do not exceed 1 page. Email to: dso@howard.edu. Do not send this sheet to the Graduate School Admissions.**