

Psy.D.

References: Please list names, addresses, and phone numbers of two people (preferably a personal reference and one professional associate) who can tell us about your qualifications for a position.

(1) Name: _____

Address: _____

Phone: _____ E-mail: _____

Relationship: _____

(2) Name: _____

Address: _____

Phone: _____ E-mail: _____

Relationship: _____

Indicate your Area(s) of Competence:

Can you type? _____ Estimated words per minute _____

Briefly list the financial resources available to you while attending Graduate School.
Please indicate how the assistantship will fit into your plans:

Signature _____ Date _____

Please mail this form and direct all questions related to assistantships to the Graduate Clinical Psychology department: Wheaton College Graduate School
501 College Avenue
Wheaton IL 60187

Wheaton College does not discriminate on the basis of race, color, national/ethnic origin, or handicap in its admissions or other programs, and, in compliance with and to the extent required by Title IX of the Educational Amendments Acts of 1972, does not discriminate on the basis of sex.