
School Psychology Supplemental Data Form

School Psychology Graduate Training Program
School of Lifespan Development and Educational Sciences
College of Education, Health, and Human Services

Please provide responses to the questions and prompts on the following pages and return the completed document to:

Kent State University
Division of Graduate Studies
650 Hilltop Drive
Cartwright Hall
Kent, Ohio 44242

Phone: 330-672-2661

Fax: 330-672-2658

E-Mail: gradapps@kent.edu

PLEASE RESPOND TO THIS ITEM FIRST:

To which program are you making application (please select one below)?

_____ Masters of Education/Educational Specialist (M.Ed./Ed.S.) Program

_____ Masters of Education/Doctoral (M.Ed./Ph.D.) Program

Note: Please select one of the two tracks listed above. It is our program's policy that you select either the M.Ed./Ed.S. or M.Ed./Ph.D. track at the time of application. Please visit the KSU School Psychology Program's website and program handbooks (available online via our website) for additional information about our Educational Specialist and Doctoral (Ph.D.) programs. If you already possess a masters or specialist level degree *in School Psychology* and are admitted to the program to which you make application, program faculty will matriculate you into the appropriate program.

Name : _____
 First **Middle** **Last**

Date of Birth: _____/_____/_____

E-mail Address: _____

(Please type or write clearly)

Current Mailing Address (to be used throughout the application process):

Home Telephone Number: () - _____

Alternative Telephone Number: () - _____

Academic History (names of schools attended, dates, majors, minors, and degrees):

Name of School	Dates	Major(s)	Minor(s)	Degree Completed

Please state your academic strengths and weaknesses:

Strengths	Weaknesses

List any honors or awards you have received:

Grade point average:

- a. Overall undergraduate _____
- b. Last two years of undergraduate _____
- c. Graduate (if applicable) _____

GRE Scores (Note: You need to arrange to send official GRE report, per application instructions):

Test:	Date:	Score:	Percentile:
Verbal			
Quantitative			
Analytical Writing			

Teaching certificate and /or other licensure or professional credentials. If certified, list type of certificate, state where certified, and date of certification. *If you are eligible for certification, but have not yet applied, please indicate.*

Type of Certificate	State of Certification	Date of Certification

Please check line below if applicable.

_____ I am eligible for certification in _____, but I have not applied for this certification.

Record of employment (names of firms, dates, addresses, position, nature of work):

Name of Firm	Dates	Addresses	Position	Nature of Work

Do you anticipate any problems which might affect your performance in the Kent State University school psychology training program? If so, please explain.

If your career develops as you would like, what do you expect to be doing five years from now?

Signature

Date