



GEORGE FOX
SCHOOL OF BEHAVIORAL
AND HEALTH SCIENCES

APPLICATION FOR ADMISSION

Graduate Department of Clinical Psychology
Doctor of Psychology

GEORGE FOX UNIVERSITY

Office of Graduate Admissions

414 N. Meridian St. #6149

Newberg, OR 97132-2697

503-554-2263 • 800-631-0921

Fax 503-554-3110

psyd@georgefox.edu

•

psyd.georgefox.edu

GEORGE FOX UNIVERSITY

Graduate Department of Clinical Psychology

Instructions and Admission Procedure

Applications are considered for Fall entry only. Completed Clinical Psychology (PsyD) applications received by January 15 each year will be given priority. Applications received after that date can be considered on a space available basis.

The following must be furnished by the applicant and may be received in any order:

- Completed and signed application form
- Applicant admission statement essays
- One official transcript from each college or university attended (request forms included)
- Graduate Record Examination (George Fox University's school code is R-4325; Department code is 2001)
- GRE Subject Test in Psychology
- Four references — three academic/clinical supervisor references and one pastoral reference required (must use forms included in application packet)
- Résumé of relevant experience
- \$40 nonrefundable application fee
- GPA calculation form

Return all application materials to:

Office of Graduate Admissions
George Fox University
414 N. Meridian St. #6149
Newberg, OR 97132
503-554-2263 • 800-631-0921

Notes:

1. George Fox University reserves the right to select students on the basis of academic performance and professional qualifications. George Fox University does not discriminate in its educational programs or activities, including employment, on the basis of age, sex, handicap/disability, race, color, national or ethnic origin, or other statuses protected by applicable nondiscrimination laws.
2. An interview is required of all selected applicants as part of the admission process.
3. Application materials become the property of George Fox University and are not returned or transferred to another institution.
4. Graduate catalog and online applications are available at psyd.georgefox.edu.

Application for Admission

Graduate Department of Clinical Psychology

Date _____

I. Personal Information

Name in full _____
FIRST MIDDLE LAST

Preferred name _____

Other names used (maiden name, nicknames) _____

Mailing address _____

E-mail address _____

Telephone HOME () _____ WORK () _____ CELL () _____

Permanent address _____

Country of citizenship _____ Are you a U.S. resident? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain. Use an extra page if needed.

Optional Information

Social Security number* _____

Date of birth _____ Birthplace _____ Male Female

Marital status: Single Married

Ethnic origin: African-American Asian-American Caucasian Hispanic/Latino

Native American Pacific Islander Other _____

** If you provide your Social Security number, George Fox University uses it for keeping records, doing research, and reporting. The university does not use your number to make any decision directly affecting you or any other person. Your Social Security number is not given to the general public. If you choose not to provide your Social Security number, you are not denied any rights as a student. Providing your Social Security number means that you consent to the use of the number in the manner described.*

II. Applicant Information

Expected year of fall enrollment: _____

Please list the names of other schools where you may be applying (optional).

How did you become acquainted with the George Fox University Doctor of Clinical Psychology program?
Please be as specific as possible.

III. Academic Prerequisites

A strong undergraduate background in psychology is required for the PsyD program. Applicants do not need to have a major, but 18 semester hours are recommended as preparation for work at the graduate level:

Recommended Courses	Course Name and Number	Grade	Year Completed
Intro to Psychology			
Personality Theory			
Abnormal Psychology			
Developmental Psychology			
Experimental Psychology			
Physiological Psychology			
Social Psychology			
Behavioral Statistics			

(Please use GPA calculation form to fill in the following.)

Cumulative GPA of undergraduate psychology courses _____

Undergraduate cumulative GPA _____ Graduate cumulative GPA _____

IV. Education

Please list, in chronological order, ALL colleges and postsecondary institutions attended. (Please see that one official transcript is sent directly to us by each school you have attended past high school.)

_____ Dates _____ to _____ Major _____ Degree _____

_____ Dates _____ to _____ Major _____ Degree _____

_____ Dates _____ to _____ Major _____ Degree _____

_____ Dates _____ to _____ Major _____ Degree _____

_____ Dates _____ to _____ Major _____ Degree _____

Additional schools attended _____

Total institutions attended _____

V. References

Two academic, one clinical supervisor references and one pastoral reference are required.

Academic/Clinical References:

Name _____

Address _____

Phone _____ E-mail address _____

Name _____

Address _____

Phone _____ E-mail address _____

Name _____

Address _____

Phone _____ E-mail address _____

Pastoral Reference:

Name _____

Address _____

Phone _____ E-mail address _____

VI. Financial

Do you expect to file an application for financial aid? Yes No

Are you a veteran? Yes No

VII. Transfer Credit

I wish to have my graduate level psychology or theology courses evaluated for transfer credit. I understand that I must provide a copy of the course description, course syllabus, and transcript for each class. (Transfer credit is not evaluated until the candidate is accepted into the program. Guidelines for acceptable course transfer appear at psyd.georgefox.edu).

Yes No

VIII. Christian Experience

How long have you acknowledged Jesus Christ as your personal Savior? _____

Church denomination/membership _____

Name of home church _____

IX. Admission Statement

Please respond to each item below in essay format. Use a separate page to answer each question. Please type and double space when preparing your statement in one to two pages per question.

1. What motivates you to seek training in professional clinical psychology?
2. Why would you choose George Fox University's Graduate Department of Clinical Psychology for your clinical training?
3. Please share your journey of faith, current Christian experience, and current church and/or parachurch involvement.
4. Please tell us at least one formative academic, personal, and/or professional experience you have had and how that has prepared you for graduate school.
5. Please share with us areas of potential or known research interest.
6. Describe three areas of personal strength you will bring to your training. Also describe three areas of weakness or personal growth that you will need to address during your training.

X. Educational and Social Philosophy

George Fox University is a Christian liberal arts university committed to intellectual and academic excellence. During the times you are a student on the George Fox campus or involved in a George Fox project off campus, you are expected to comply with and respect the spirit and intention of the George Fox University community (see online catalog georgefox.edu/catalog/graduate).

Your completion of this application and your signature below indicate your willingness to cooperate and comply with the purpose and expectations of the university.

I authorize investigation of all information provided during the application process. References provided may give George Fox University any and all information requested, as well as any pertinent information they may have, personal or otherwise. I release from all liability or responsibility George Fox University, its agents, and all people, companies, or corporations providing information to the university about me.

SIGNATURE

DATE

XI. APA Ethical Principles of Psychologists and Code of Conduct

ALL APPLICANTS - PLEASE NOTE:

All students admitted to the School will abide by the ethical guidelines and standards published by the American Psychological Association (APA). Failure to do so may result in immediate suspension and expulsion from the program. Applicants are advised that criminal background checks are required by practicum and internship sites to determine the student's qualification to provide services. A criminal record may prevent a student from completing program requirements.

apa.org/ethics

GEORGE FOX UNIVERSITY

Academic Reference Form

Graduate Department of Clinical Psychology

This form is to be filled out by a professor, advisor, or clinical supervisor. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name (please print) _____
LAST FIRST MIDDLE

Applicant's address _____
CITY STATE ZIP

Applicant's phone number _____
HOME WORK

The person above is applying to the Department of Clinical Psychology at George Fox University and has requested that your evaluation be included as part of the information on which we will base our admissions decision. You can assist us by responding frankly and completely to the questions listed. Also, to comply with the U.S. Family Education Rights and Privacy Act of 1974(FERPA) and to ensure a candid response from you, the evaluation forms/letters will be removed from the files of all successful applicants prior to the student entering George Fox University. Thus, your comments will not reach the student. *Thank you for your assistance.*

Section B: To be completed by reference

To the evaluator: We intend to admit individuals with sufficient maturity and potential to develop personally and professionally into effective psychologists. Please consider the potential of the applicant for doctoral level training and professional practice.

Complete the relative ratings portion on the other side of this form. A supplemental letter detailing the applicant's potential would also be welcomed by the admissions committee.

1. Approximately how long have you known the applicant? _____ Years _____ Months
 2. How well do you feel you know the applicant? Casually Well Very Well
 3. What has been the nature of your contacts with the applicant? _____
 4. Please list the applicant's three greatest personal strengths and three greatest weaknesses or areas of needed growth.
- | | |
|-----------|------------|
| strengths | weaknesses |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Relative rating of the applicant: In rating the applicant in the areas indicated below, keep in mind the *comparison group you state below* (college seniors, first year graduate students, professional psychologists, or other).

Comparison Group: _____

Specific Characteristics (please check)	Very Low 1-25%	Modest 25-50%	Good 50-75%	Very Good 75-90%	Outstanding 90-95%	Truly Exceptional 95-100%	Unable to Judge
Academic ability							
Critical thinking							
Writing ability & verbal communication							
Organization skills							
Capacity for objective evaluation of self							
Empathic capacity							
Maturity of judgment							
Emotional stability							
Open-mindedness							
Temperament							
Ability to work closely with others							
Ability to work independently							
Capacity to handle stress							
Motivation for professional training							

Summary Rating: In overall intellectual ability and personality to function as a professional psychologist, I consider the applicant generally to be in the:

- Lowest 25%
 Middle 50%
 Upper 25%
 Upper 10%
 Upper 5%
 Upper 1%

Signature of Respondent _____ Date _____

Name (printed or typed) _____ Title _____

Telephone () _____ Employer _____

Address _____

CITY STATE ZIP

E-mail _____

Please return this form in a sealed envelope with your signature over the flap and mail directly to:

Office of Graduate Admissions
 George Fox University
 414 N. Meridian St. #6149
 Newberg, OR 97132-2697

GEORGE FOX UNIVERSITY

Academic Reference Form

Graduate Department of Clinical Psychology

This form is to be filled out by a professor, advisor, or clinical supervisor. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name (please print) _____
LAST FIRST MIDDLE

Applicant's address _____
CITY STATE ZIP

Applicant's phone number _____
HOME WORK

The person above is applying to the Department of Clinical Psychology at George Fox University and has requested that your evaluation be included as part of the information on which we will base our admissions decision. You can assist us by responding frankly and completely to the questions listed. Also, to comply with the U.S. Family Education Rights and Privacy Act of 1974(FERPA) and to ensure a candid response from you, the evaluation forms/letters will be removed from the files of all successful applicants prior to the student entering George Fox University. Thus, your comments will not reach the student. *Thank you for your assistance.*

Section B: To be completed by reference

To the evaluator: We intend to admit individuals with sufficient maturity and potential to develop personally and professionally into effective psychologists. Please consider the potential of the applicant for doctoral level training and professional practice.

Complete the relative ratings portion on the other side of this form. A supplemental letter detailing the applicant's potential would also be welcomed by the admissions committee.

1. Approximately how long have you known the applicant? _____ Years _____ Months
 2. How well do you feel you know the applicant? Casually Well Very Well
 3. What has been the nature of your contacts with the applicant? _____
 4. Please list the applicant's three greatest personal strengths and three greatest weaknesses or areas of needed growth.
- | | |
|-----------|------------|
| strengths | weaknesses |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Relative rating of the applicant: In rating the applicant in the areas indicated below, keep in mind the *comparison group* you state below (college seniors, first year graduate students, professional psychologists, or other).

Comparison Group: _____

Specific Characteristics (please check)	Very Low 1-25%	Modest 25-50%	Good 50-75%	Very Good 75-90%	Outstanding 90-95%	Truly Exceptional 95-100%	Unable to Judge
Academic ability							
Critical thinking							
Writing ability & verbal communication							
Organization skills							
Capacity for objective evaluation of self							
Empathic capacity							
Maturity of judgment							
Emotional stability							
Open-mindedness							
Temperament							
Ability to work closely with others							
Ability to work independently							
Capacity to handle stress							
Motivation for professional training							

Summary Rating: In overall intellectual ability and personality to function as a professional psychologist, I consider the applicant generally to be in the:

- Lowest 25%
 Middle 50%
 Upper 25%
 Upper 10%
 Upper 5%
 Upper 1%

Signature of Respondent _____ Date _____

Name (printed or typed) _____ Title _____

Telephone () _____ Employer _____

Address _____

CITY

STATE

ZIP

E-mail _____

Please return this form in a sealed envelope with your signature over the flap and mail directly to:

Office of Graduate Admissions
 George Fox University
 414 N. Meridian St. #6149
 Newberg, OR 97132-2697

GEORGE FOX UNIVERSITY

Clinical Supervisor Reference Form

Graduate Department of Clinical Psychology

This form is to be filled out by a professor, advisor, or clinical supervisor. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name (please print) _____
LAST FIRST MIDDLE

Applicant's address _____
CITY STATE ZIP

Applicant's phone number _____
HOME WORK

The person above is applying to the Department of Clinical Psychology at George Fox University and has requested that your evaluation be included as part of the information on which we will base our admissions decision. You can assist us by responding frankly and completely to the questions listed. Also, to comply with the U.S. Family Education Rights and Privacy Act of 1974(FERPA) and to ensure a candid response from you, the evaluation forms/letters will be removed from the files of all successful applicants prior to the student entering George Fox University. Thus, your comments will not reach the student. *Thank you for your assistance.*

Section B: To be completed by reference

To the evaluator: We intend to admit individuals with sufficient maturity and potential to develop personally and professionally into effective psychologists. Please consider the potential of the applicant for doctoral level training and professional practice.

Complete the relative ratings portion on the other side of this form. A supplemental letter detailing the applicant's potential would also be welcomed by the admissions committee.

1. Approximately how long have you known the applicant? _____ Years _____ Months
2. How well do you feel you know the applicant? Casually Well Very Well
3. What has been the nature of your contacts with the applicant? _____
4. Please list the applicant's three greatest personal strengths and three greatest weaknesses or areas of needed growth.

strengths	weaknesses
_____	_____
_____	_____
_____	_____

Relative rating of the applicant: In rating the applicant in the areas indicated below, keep in mind the *comparison group you state below* (college seniors, first year graduate students, professional psychologists, or other).

Comparison Group: _____

Specific Characteristics (please check)	Very Low 1-25%	Modest 25-50%	Good 50-75%	Very Good 75-90%	Outstanding 90-95%	Truly Exceptional 95-100%	Unable to Judge
Academic ability							
Critical thinking							
Writing ability & verbal communication							
Organization skills							
Capacity for objective evaluation of self							
Empathic capacity							
Maturity of judgment							
Emotional stability							
Open-mindedness							
Temperament							
Ability to work closely with others							
Ability to work independently							
Capacity to handle stress							
Motivation for professional training							

Summary Rating: In overall intellectual ability and personality to function as a professional psychologist, I consider the applicant generally to be in the:

- Lowest 25%
 Middle 50%
 Upper 25%
 Upper 10%
 Upper 5%
 Upper 1%

Signature of Respondent _____ Date _____

Name (printed or typed) _____ Title _____

Telephone () _____ Employer _____

Address _____

CITY STATE ZIP

E-mail _____

Please return this form in a sealed envelope with your signature over the flap and mail directly to:

Office of Graduate Admissions
 George Fox University
 414 N. Meridian St. #6149
 Newberg, OR 97132-2697

GEORGE FOX UNIVERSITY

Pastoral Reference Form

Graduate Department of Clinical Psychology

This form is to be filled out by a pastor, small group leader, youth or campus pastor, or an elder or deacon who knows you. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name (please print)	_____	_____	_____
	<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>
Applicant's address	_____		
		<small>CITY</small>	<small>STATE</small>
			<small>ZIP</small>
Applicant's phone number	_____		
	<small>HOME</small>	<small>WORK</small>	

The person above is applying to the Department of Clinical Psychology at George Fox University and has requested that your evaluation be included as part of the information on which we will base our admissions decision. You can assist us by responding frankly and completely to the questions listed. Also, to comply with the U.S. Family Education Rights and Privacy Act of 1974(FERPA) and to ensure a candid response from you, the evaluation forms/letters will be removed from the files of all successful applicants prior to the student entering George Fox University. Thus, your comments will not reach the student. *Thank you for your assistance.*

Section B: To be completed by reference

To the evaluator: We intend to admit individuals with sufficient maturity and potential to develop personally and professionally into effective psychologists. Please consider the potential of the applicant for doctoral level training and professional practice.

Complete the relative ratings portion on the other side of this form. A supplemental letter detailing the applicant's potential would also be welcomed by the admissions committee.

1. Approximately how long have you known the applicant? _____ Years _____ Months
2. How well do you feel you know the applicant? Casually Well Very Well
3. What has been the nature of your contacts with the applicant? _____
4. Please list the applicant's three greatest personal strengths and three greatest weaknesses or areas of needed growth.

strengths	weaknesses
_____	_____
_____	_____
_____	_____

Emotional/Personality Ratings

	Exceptional	Above Average	Average	Below Average	Not Sure
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for handling stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness, tolerance of differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates without being pushy or aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a positive influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to receive feedback constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrates faith into everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to comment on any of the above categories or other characteristics not listed here.

In consideration of the applicant's suitability for study and overall potential for success in a graduate clinical psychology program with an overtly Christian worldview, please check one of the following:

- I highly recommend
 I recommend
 I recommend with reservation
 I do not recommend

NAME (please print or type)

SIGNATURE

DATE

ADDRESS

DAYTIME TELEPHONE

POSITION

Please return this form in a sealed envelope with your signature over the flap and mail directly to:

Office of Graduate Admissions
George Fox University
414 N. Meridian St. #6149
Newberg, OR 97132-2697

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Name _____
LAST FIRST MIDDLE

Name used when attending the institution listed above:

LAST FIRST MIDDLE

Social Security or ID number _____ Date of birth _____

Number of copies requested: For institution below _____ For student _____

Dates attended: From _____ To _____

Mail transcripts to: Office of Admissions, George Fox University

414 N. Meridian St. #6149 • Newberg, OR 97132-2697

Student address _____

A check for \$ _____ is attached to cover transcript fees. _____
STUDENT SIGNATURE

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Name _____
LAST FIRST MIDDLE

Name used when attending the institution listed above:

LAST FIRST MIDDLE

Social Security or ID number _____ Date of birth _____

Number of copies requested: For institution below _____ For student _____

Dates attended: From _____ To _____

Mail transcripts to: Office of Admissions, George Fox University

414 N. Meridian St. #6149 • Newberg, OR 97132-2697

Student address _____

A check for \$ _____ is attached to cover transcript fees. _____
STUDENT SIGNATURE

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Name _____
LAST FIRST MIDDLE

Name used when attending the institution listed above:

LAST FIRST MIDDLE

Social Security or ID number _____ Date of birth _____

Number of copies requested: For institution below _____ For student _____

Dates attended: From _____ To _____

Mail transcripts to: Office of Admissions, George Fox University

414 N. Meridian St. #6149 • Newberg, OR 97132-2697

Student address _____

A check for \$ _____ is attached to cover transcript fees. _____
STUDENT SIGNATURE



GEORGE FOX
UNIVERSITY

GPA Calculation Form

Name _____

Although GPA is not the only factor used in making an admission decision, it is one factor that may indicate ability to succeed in our program. The selection committee therefore requires that each student calculate his/her cumulative GPA.

1. Transcripts from each college attended must be used in calculating GPAs.
2. All graded courses from all transcripts (including repeated courses) must be used in calculating GPAs.
Separate undergraduate and graduate GPAs.
3. The GPA must be computed on a semester hour basis.
Convert all quarter hours to semester hours first.

Hour Conversion Table

Quarter Hours	Semester Hours
1	$1 \times 0.667 = 0.667$
2	$2 \times 0.667 = 1.33$
3	$3 \times 0.667 = 2.00$
4	$4 \times 0.667 = 2.67$
5	$5 \times 0.667 = 3.33$

Undergraduate GPA				Graduate GPA			
Grade	Hours	X	=Points	Grade	Hours	X	=Points
A		x 4.0		A		x 4.0	
A-		x 3.7		A-		x 3.7	
B+		x 3.3		B+		x 3.3	
B		x 3.0		B		x 3.0	
B-		x 2.7		B-		x 2.7	
C+		x 2.3		C+		x 2.3	
C		x 2.0		C		x 2.0	
C-		x 1.7		C-		x 1.7	
D+		x 1.3		D+		x 1.3	
D		x 1.0		D		x 1.0	
D-		x 0.7		D-		x 0.7	
F		x 0		F		x 0	
Total Hours		Total Points		Total Hours		Total Points	
Total Points ÷ Total Hours = GPA				Total Points ÷ Total Hours = GPA			

*Transfer GPAs to the application form (pg. 2)
and submit this form along with the application.*