# Towson University Psychology Department

# Clinical Focus Program Application

## Identifying Information:

Name: Click or tap here to enter text.

Pronouns: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone:Click or tap here to enter text. Email:Click or tap here to enter text.

## Academic Information:

Full-time Click or tap here to enter text.Part-timeClick or tap here to enter text. Number of earned credits:Click or tap here to enter text.

If you are not currently a Towson University student, list which school you are attending:

Click or tap here to enter text.

1. Grade Point Average: OverallClick or tap here to enter text. Psychology GPAClick or tap here to enter text.

Grade in PSYC 205: Click or tap here to enter text. Semester Completed:Click or tap here to enter text.

Grade in PSYC 261/361: Click or tap here to enter text. Semester Completed:Click or tap here to enter text.

If you have not completed prerequisite course, what is your plan for the completion of prerequisites prior to beginning the program in the Spring?

Click or tap here to enter text.

# Please list all psychology courses you have taken on a separate piece of paper.

Include the name of the course, the institution, the semester, the name of the professor, and your final grade.

1. ***Essay:***

On separate paper, please answer the following questions in clear and complete typewritten sentences.

* 1. What attracts you to clinical work in the field of psychology?
	2. What are your primary clinical interests and why?
	3. In your opinion, what personality characteristics do you have that would contribute to your competence as a mental health worker?
	4. Have you had any prior experience working with people in a mental health or other settings with diverse people?
	5. What else can you tell us about you that would support your application to the clinical/counseling area of focus?

## Writing Sample:

Include with your application a sample of your written work for a class that you believe enhances your application. The sample need not come from a psychology class, although a psychology paper is preferred. Return of the work cannot be guaranteed, so we recommend submitting a copy of the original paper.

## Letters of Recommendation:

Please submit at least one letter of recommendation from a professor(s) familiar with your academic skills and character. Usually letters of recommendation are submitted in sealed envelopes with the professor’s

signature across the sealed back flap of the envelope. Students typically do not see the letter. If you do not know a professor well enough to obtain a letter of recommendation, you may ask an employer for a recommendation.

**I** **hereby affirm that the information I have provided is correct to the best of my knowledge, that the written work I am providing is my own and give permission Professor Zipp Dowd to review my academic record in relation to my application for the Clinical Area Focus Program.**

Signature Date

# Return this application to the Psyc Office (LA 2210) no later than October 18th to:

Samantha Zipp Dowd, MS, LCPC Lecturer

Director, Clinical Area of Focus

Department of Psychology Towson University 8000 York Rd.

Towson, MD 21252