

DEPARTMENT OF MARRIAGE AND FAMILY THERAPY
Master's Degree/Certificate Programs
Intent To Apply

I, _____, intend to apply to the
(Print full name)

following program (check one):

_____ M.S. in Marriage and Family Therapy

_____ Advanced Graduate Certificate in Marriage and Family Therapy
(Must already have a master's degree in a mental health related field,
please specify degree _____)

I understand the following (initial next to each line):

_____ I have read the admissions requirements and know whom to contact with questions.

_____ I understand the application deadline is Jan. 15, and that all of my materials must be submitted to the Department and the Graduate College by that date in order to be considered for admission.

_____ I accept the responsibility of following through with people whom I have requested to submit materials (e.g. Letters of Recommendation, GRE Scores, Transcripts).

_____ I understand that it takes approximately three (3) weeks to receive requested GRE scores and that they must be no older than five (5) years old.

If you have other names under which materials may appear (i.e. maiden name), please provide those names below.

Signature _____

Date _____

Address _____

Apt.# _____

City/State/Zip _____

Phone Number _____

E-mail Address _____