



Massachusetts School of Professional Psychology
 221 Rivermoor Street
 Boston, MA 02132
 Tel: 617/327-6777
 Fax: 617/477-2010
 Email: admissions@mspp.edu

MASTER OF ARTS IN EXECUTIVE COACHING PSYCHOLOGY PROGRAM

APPLICATION

I am currently attending / have attended year _____ the MSPP Graduate Certificate in Executive Coaching Program and seek admission to the Master of Arts in Executive Coaching Psychology Program.

Personal Data (please type or print clearly)

Name				
Ms./Mr./Mrs./Dr./etc.	First Name	Middle Initial	Last Name	Former/Maiden name <small>(which may appear on transcripts, test scores, etc.)</small>
Present Mailing				
Street _____			(_____) _____ Home Telephone	
City _____ State _____ Zip Code _____			(_____) _____ Work Telephone	
Email _____				
Social Security # _____		Sex (M/F) _____	Date of Birth _____	
Are you a citizen of the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no If no, are you a Permanent Resident? <input type="checkbox"/> yes <input type="checkbox"/> no				
If no to both of the above, citizen of _____ Country of birth _____				
VISA type status and expiration date _____				

Optional Information

<input type="checkbox"/> I wish to be identified as a member of a minority group: <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____			
<input type="checkbox"/> I am a veteran.			

Academic Data

Please list in chronological order all colleges, universities, and institutions that you have attended. *Official transcripts and all other application materials **must** arrive in the Admissions Office in one packet on or before the set application deadline.*

College, University, Institution	City and State	Major	Dates Attended	Degree/Certification and date awarded or anticipated

(attach additional listing if necessary)

Letters of Recommendation

- 1) Professional Recommendation, Work Supervisor

Name _____ Position/Title _____
Mr./Ms./Mrs./Dr./etc. Last Name First Name

Address _____ Email _____

- 2) Academic Recommendation, MSPP faculty or Coaching Supervisor

Name _____ Position/Title _____
Mr./Ms./Mrs./Dr./etc. Last Name First Name

Address _____ Email _____

Additional Information

Please list any professional licenses you hold, or any professional and student affiliations to which you are a member.

Application Checklist

All application materials must arrive in the Admissions Office in one packet on or before the set application deadline.

Please check that ALL OF THE FOLLOWING are enclosed in your packet:

- Application Form
- Application fee \$50, make check payable to MSPP
- Current Statement of Intent (1 page)
- Professional Letter of Recommendation, (Supervisor)
- Academic Letter of Recommendation, (MSPP faculty, if MSPP student or alumna/us)
- All transcripts (undergraduate, graduate, and certification)
- Curriculum Vitae

If any items are missing, please indicate when they will be submitted. Please be certain that your name appears on all submitted materials. All materials should be mailed in one packet to Massachusetts School of Professional Psychology, Admissions Office, 221 Rivermoor Street, Boston, MA 02132. **Only complete and signed applications will be considered.**

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission is based, is not true or complete, the school may rescind my degree. I further agree that, if admitted, I will abide by the rules and regulations of MSPP. I acknowledge that all official materials which are part of this application become property of MSPP and will not be forwarded to another institution or returned to me.

Signature of Applicant

Date