



**Massachusetts School of
Professional Psychology**
221 Rivermoor Street
Boston, MA 02132
Tel: 888/664-6777
Fax: 617/477-2010
Email: admissions@mspp.edu

EXECUTIVE COACHING CERTIFICATE PROGRAM APPLICATION

I have previously applied to an MSPP Program: _____ Year: _____

I have taken courses as a non- matriculating student at MSPP. Please provide semester/years: _____

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 U.S. 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

Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Race: <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	
<input type="checkbox"/> I am a U.S. veteran	
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no	

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)

Letter of Recommendation

Professional Recommendation, Work Supervisor

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

Address _____ Email _____

Additional Information

Are you related to an MSPP Alumna/us? yes no. If yes, name: _____

Are you fluent in languages other than English? yes no. If yes, which? _____

How did you hear about MSPP?

- alumnus current student APA/MPA agency, which one? _____
 radio Internet/WWW graduate guide, which one? _____
 advertisement (which one? _____) Other _____

What were the primary reasons you decided to apply to MSPP?

- curriculum faculty field placements location APA accreditation reputation
 practical integration tuition financial aid other _____

To which other schools are you applying? _____

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) explaining your interest and how you plan to utilize the training in your professional life
 Professional Letter of Recommendation, (Supervisor)
 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