



**Application for Admission
Master of Science in Clinical Psychopharmacology**

Personal Data (please type or print clearly)

NAME Date of Birth

Mr./Ms./Dr. First Name Last Name Month/Day/Year

HOME ADDRESS

Street City State Zip Code

Home Telephone Fax Number Email Address

OFFICE ADDRESS

Street City State Zip Code

Office Telephone Fax Number

Email Address

Degree(s) Year Degree Awarded

Name of Granting Institution

License Type (Profession) License Number State

Are you a U.S. citizen? yes no If no, are you a permanent resident? yes no

If no to both of the above, citizen of? _____

Visa status and expiration date? _____

The information below is optional and will help MSPP demonstrate its compliance with state and federal laws against discrimination. Any information supplied will be kept confidential. Refusal to provide requested information will not subject applicants to any adverse treatment.

Social Security #: _____ - _____ - _____ (ID Purposes Only) Sex M F

I wish to identify my ethnicity: American Indian Black/African American Hispanic/Latino

Caucasian Asian/Pacific Islander Indian Subcontinent Multiracial

Other _____

I certify that to the best of my knowledge, the information provided above 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 the property of MSPP and will not be forwarded to another institution or returned to me. **Only signed applications will be processed.**

Signature: _____ Date: _____