Clinical Psychology Program
Department of Psychology, University of South Dakota

Supplemental Application

Please answer the following questions. Limit your responses to one typed or word processed page per question.

1. Briefly describe your research experiences (e.g., as a research assistant; any research paper or poster presentations, publications, honors or masters theses, etc.) and/or your research interests.

2. Briefly describe your clinical or applied experiences (including relevant volunteer and paid positions) and/or your clinical interests.

3. What are your goals upon completion of your Ph.D. in clinical psychology?

4. How do your experiences and/or professional goals fit with the training philosophy and mission of the USD clinical training program?

5. Have you ever had a professional license revoked?  yes_______ no_______
   If yes, please explain.

6. Have you ever been denied membership in a professional organization?  yes_______no _______
   If yes, please explain.

7. Have you ever been convicted of a felony?  yes_______no _______
   If yes, please explain.

Name__________________________________________  Date___________
(please print)

Signature_________________________________________  Date

Attach this sheet to your responses and include in your application packet. Return the completed application packet by December 15 to:

The Graduate School
University of South Dakota
McKusick Room 211
414 East Clark Street
Vermillion, SD 57069
www.usd.edu/grad
E-mail: grad@usd.edu

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