

Name of Applicant: _____ Student ID# _____
or Date of Birth: _____

Please answer the following questions. Limit your responses to one typed 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. _____

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
414 East Clark Street
Vermillion, SD 57069
www.usd.edu/grad | E-mail: grad@usd.edu