REQUIRED APPLICATION MATERIALS

• APPLICATION FORM WITH $85* NON-REFUNDABLE APPLICATION FEE
  *Subject to change; check website for current amount. A resume or curriculum vitae may be included with the application.

• TRANSCRIPTS OF ALL PREVIOUS GRADUATE AND UNDERGRADUATE COLLEGE COURSEWORK
  Official transcripts should be sent to the applicant in a sealed envelope with the registrar’s name signed across the seal. Do not open official transcript envelopes. If the seal has been broken, the transcript is no longer official and will not be accepted as part of the application packet.

• STANDARDIZED TEST SCORES
  Applicants must submit GRE General Test scores.*
  Test scores should be sent directly to Chestnut Hill College from the testing agency. Tests must have been taken within five years of the date of application.
  *Applicants with a master’s degree in Clinical and Counseling Psychology from Chestnut Hill College may submit GRE General Test scores or MAT Scores.

• THREE LETTERS OF RECOMMENDATION
  Letters of recommendation should be from faculty members and/or clinical supervisors who are familiar with the applicant’s skills and potential. At least one letter should pertain to the applicant’s clinical performance and/or potential, and at least one letter must pertain to the applicant’s academic performance and potential. For applicants seeking advanced standing, one of the letters of recommendation must be an evaluation from a practicum supervisor or supervisor at a work placement in a mental health setting. Complete and sign the top portion of the recommendation form before forwarding it to the individual who will provide your reference. Ask that the letter be returned to you in a sealed envelope. The person completing the recommendation should sign over the seal of the envelope flap. Do not open the sealed envelope when it has been returned to you.

• PERSONAL ESSAY
  Please Note: Essays will be evaluated both for content and for writing style. In an essay of approximately 1200 words (5 double-spaced pages), please address each of the following topics:

1. What unique qualifications do you believe make you suited to a career in professional psychology?

2. How does the Psy.D. Program at Chestnut Hill College fit with your professional goals? Please be as specific as possible. Discuss the match between your interests and those of the doctoral faculty (see faculty biographies at http://www.chc.edu/Graduate/Programs/PsyD/Faculty/).

3. One of the objectives of the Psy.D. Program is to foster “an understanding and appreciation of cultural factors relevant to the delivery of psychological services to a diverse client population.” Please discuss your background and interest in the topics of diversity and serving diverse populations, specifically addressing how you can contribute to the Psy.D. Program’s commitment to training students who will be competent to provide services to an increasingly diverse population of potential clients. (The Program adopts APA’s definition of “diversity,” which includes but is not limited to the following characteristics: age, disabilities, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socio-economic status.)
• **TOEFL, TSE (TEST OF SPOKEN ENGLISH), AND TWE (TEST OF WRITTEN ENGLISH)**  
Tests are required of all applicants for whom English is not the first language.

• **PERSONAL INTERVIEW**  
A personal interview with members of the faculty is required. Invitation to the personal interview is extended to selected applicants after review of the submitted materials. At the interview, applicants will be required to disclose any past criminal history. In some cases, an applicant may be required to undergo a criminal background check.

• **TRANSFER CREDITS**  
A catalog course description and syllabus is required for any course for which the applicant wishes to request transfer credits. These materials must be submitted with the application if the applicant wishes to be considered for admission directly to Year II. Syllabi and course descriptions are not necessary for graduate courses completed at Chestnut Hill College.

**ALL APPLICATION MATERIALS SHOULD BE ADDRESSED TO:**

Director of Admissions  
School of Graduate Studies  
Chestnut Hill College  
9601 Germantown Avenue  
Philadelphia, PA 19118-2693

**APPLICATION DEADLINE**

The Psy.D. program at Chestnut Hill College accepts applicants for the fall semester only. The program accepts applicants to Year I on a rolling admissions basis until the entering class is filled. Application by January 15th is encouraged. The application deadline for Year II is January 15th. All applicants whose applications are completed by January 15th will be notified of their status by April 15th. Incomplete application packets cannot be considered. It is recommended that the applicant submit all materials except for the test scores as a complete packet. If that is not possible, the application form with fee must accompany the first materials submitted.

**NON-DISCRIMINATION POLICY**

The Doctoral Program does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, age, religion, national origin, disability, relationship status, or on the basis of any other criteria that is inconsistent with state or local laws in the administration of its educational policies, admission policies, or financial aid.

I certify that the information submitted on this application is complete and accurate. I understand that withholding information or the submission of false information will make me ineligible for admission to the College or subject to dismissal. I understand that from the time I file my application it is my responsibility to be familiar with all policies and procedures in the School of Graduate Studies Catalog.

**SIGNATURE OF APPLICANT**

______________________________

**DATE**

______________________________

**WEBSITE UPDATES**

__________ (Please initial) I have reviewed the Chestnut Hill College website for updates to the doctoral admission process.
APPLICATION FOR ADMISSION
DOCTOR OF PSYCHOLOGY (PSY.D.)

ID # ______________________________________ DATE RECEIVED ______________________

APPLICANT INFORMATION (Please type or print)

NAME ________________________________________________________________

OTHER NAME(S) UNDER WHICH TRANSCRIPTS MAY BE ISSUED _______________________

ADDRESS ______________________________________________________________

HOME PHONE ____________________________________________________________________

CELL PHONE ___________________________________________________________________

E-MAIL ADDRESS __________________________________________________________________

COUNTRY OF CITIZENSHIP __________________________________________________________________

COUNTRY OF RESIDENCE __________________________________________________________________

SOCIAL SECURITY ___________________________________________________________________

PLACE OF BIRTH ______________________________________________________________________

DATE OF BIRTH _______________________________________________________________________

MARITAL STATUS _______________________________________________________________________

RELIGIOUS AFFILIATION __________________________________________________________________

GENDER _____________________________________________________________________________

☐ Check here if you have a master’s degree in clinical and/or counseling psychology or a closely related field and you are requesting to be admitted directly to Year II of the doctoral program. You must submit course descriptions and syllabi for all courses for which transfer credit is being requested.

Chestnut Hill College is required by the Federal Government to ask the following questions about your race/ethnicity. Your responses enable us to do research as well as qualify for grants and develop programs that will benefit our students. Respectfully, we ask that you please respond to both of the following questions as accurately as you can.

Please check one or more of the following:

☐ HISPANIC OR LATINO OR OF SPANISH ORIGIN □ CUBAN □ PUERTO RICAN

☐ SOUTH AMERICAN □ CENTRAL AMERICAN □ NONE OF THESE

Please check one or more of the following:

☐ AMERICAN INDIAN OR ALASKA NATIVE □ ASIAN □ BLACK OR AFRICAN AMERICAN

☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER □ WHITE

PREFERRED CONCENTRATION (Please check one)

☐ MARRIAGE AND FAMILY THERAPY CONCENTRATION □ PSYCHOLOGICAL ASSESSMENT CONCENTRATION

☐ GENERALIST (NO CONCENTRATION DECLARED)

EMERGENCY CONTACT

NAME ____________________________________________________________

RELATIONSHIP TO YOU ____________________________________________

PHONE __________________________________________________________
PROFESSIONAL MEMBERSHIPS

__________________________________________________________

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PUBLICATIONS AND AWARDS

__________________________________________________________

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EDUCATIONAL INFORMATION

GRADUATE

INSTITUTION_____________________________________________________
CITY/STATE____________________________________________________
DATES ATTENDED_________________________________________________
GPA___________________________________________________________
DEGREE RECEIVED________________________________________________
TOTAL CREDITS_________________________________________________
CONCENTRATION/SPECIALIZATION_________________________________

INSTITUTION_____________________________________________________
CITY/STATE____________________________________________________
DATES ATTENDED_________________________________________________
GPA___________________________________________________________
DEGREE RECEIVED________________________________________________
TOTAL CREDITS_________________________________________________
CONCENTRATION/SPECIALIZATION_________________________________

UNDERGRADUATE

INSTITUTION_____________________________________________________
CITY/STATE____________________________________________________
DATES ATTENDED_________________________________________________
GPA___________________________________________________________
DEGREE RECEIVED________________________________________________
TOTAL CREDITS_________________________________________________
MAJOR_________________________________________________________

INSTITUTION_____________________________________________________
CITY/STATE____________________________________________________
DATES ATTENDED_________________________________________________
GPA___________________________________________________________
DEGREE RECEIVED________________________________________________
TOTAL CREDITS_________________________________________________
MAJOR_________________________________________________________
GRADUATE PRACTICUM AND INTERNSHIP EXPERIENCE

INSTITUTION ___________________________ CITY/STATE __________________
DATES ATTENDED ______________________ GPA ___________________
SUPERVISOR’S NAME AND CREDENTIALS ________________________________

INSTITUTION ___________________________ CITY/STATE __________________
DATES ATTENDED ______________________ GPA ___________________
SUPERVISOR’S NAME AND CREDENTIALS ________________________________

PROFESSIONAL EXPERIENCE

Please list all relevant experience, including full- and part-time work, beginning with the most recent. Include additional pages or attach a resume or curriculum vitae if desired.

PRESENT EMPLOYER ___________________________ WORK PHONE __________________
POSITION/TITLE ___________________________ DATE STARTED __________________
PLACE OF EMPLOYMENT ___________________________
POSITION/TITLE ___________________________ DATES __________________
PLACE OF EMPLOYMENT ___________________________
POSITION/TITLE ___________________________ DATES __________________
PLACE OF EMPLOYMENT ___________________________
POSITION/TITLE ___________________________ DATES __________________
PLACE OF EMPLOYMENT ___________________________
POSITION/TITLE ___________________________ DATES __________________

HOW DID YOU HEAR ABOUT THE PSY.D. PROGRAM AT CHESTNUT HILL COLLEGE?

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