



# VANGUARD UNIVERSITY

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

# VANGUARD Graduate Application

**Vanguard University** practices selective admission and encourages applications from students who desire an education which integrates Christian faith, learning and living, and provides intellectual challenge and growth. The University, therefore, reviews applicants' academic records, moral character, and willingness to comply with the standards and the values of the University. All applicants are evaluated without regard to race, gender, age, political affiliation, national origin, disabling conditions, or faith.

## GENERAL INFORMATION (please type or print legibly)

Applying for entry in:  Fall  Spring Year \_\_\_\_\_

• The Priority Deadline for fall entry is March 1. The Priority Deadline for spring entry is November 1.

## PERSONAL INFORMATION

Mr.  Ms.  Mrs.  Other \_\_\_\_\_

Legal name \_\_\_\_\_  
last first middle maiden

Present address \_\_\_\_\_  
number & street apt# city state zip

Permanent address \_\_\_\_\_  
number & street apt# city state zip-

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month-Day-Year City State or Province Country

In case of emergency, contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name Relationship

Type of Resident:  U.S. Citizen  Permanent Resident

In what county do you reside?

If foreign student, country of citizenship (or Canadian province)? \_\_\_\_\_

## ETHNIC INFORMATION (Optional)

The federal government and accrediting agencies request that colleges and universities describe the racial/ethnic backgrounds of students. To help us comply, please respond to the following questions and select one or more of the racial categories below with which you identify yourself.

Do you consider yourself to be Hispanic/Latino?  Yes  No

Please check all that apply:  American Indian or Alaskan Native  Asian  Black or African-American  
 Native Hawaiian/Pacific Islander  White

## RELIGIOUS BACKGROUND

(This information is voluntary and used for statistical purposes only. It will not be used to determine eligibility for admission.)

Church you attend \_\_\_\_\_ Denomination \_\_\_\_\_

Name of Pastor \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_



**ACADEMIC RECORD**

List below all colleges, universities, graduate institutions and professional schools that you have attended since graduation from high school regardless of whether you finished a degree program. List them in the order in which they were attended. It is the applicant's responsibility to request that transcripts from ALL of the schools attended are sent directly to the Graduate Admissions Office.

1. \_\_\_\_\_  
 Name of School City, State Dates Attended

\_\_\_\_\_  
 Major Credits Earned Degree Earned

2. \_\_\_\_\_  
 Name of School City, State Dates Attended

\_\_\_\_\_  
 Major Credits Earned Degree Earned

3. \_\_\_\_\_  
 Name of School City, State Dates Attended

\_\_\_\_\_  
 Major Credits Earned Degree Earned

Undergraduate GPA (Overall) \_\_\_\_\_ Graduate GPA \_\_\_\_\_

**PREREQUISITES**

Indicate if you have completed the following prerequisites. If there are classes you have not yet completed, mark "No," and fill out the rest of the information to reflect how you plan to complete it.

<p><b>Human Development</b> Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Course Title: _____</p> <p>Grade: _____ Date Completed OR Will be completed: _____</p>	<p><b>Abnormal Psychology</b> Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Course Title: _____</p> <p>Grade: _____ Date Completed OR Will be completed: _____</p>
<p><b>Statistics</b> Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Course Title: _____</p> <p>Grade: _____ Date Completed OR Will be completed: _____</p>	<p><b>Counseling Theories</b> Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Course Title: _____</p> <p>Grade: _____ Date Completed OR Will be completed: _____</p>

**EMPLOYMENT**

Present Employer \_\_\_\_\_ Date of hire \_\_\_\_\_

Employer Address \_\_\_\_\_  
 Street Address City State/Zip

Position \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**OTHER INFORMATION**

Have you ever been convicted of any felony or misdemeanor offense, including entering a plea of "no contest" in California or in any other place?  Yes  No

If yes, please explain (use a separate sheet of paper if necessary). \_\_\_\_\_

**NOTE** that licensing and certification agencies typically have regulations denying licensure or certification to anyone who has been convicted of a felony, most especially one which reflects an offense which would be a cause for disciplinary action if committed by one already holding the license. Please contact the licensing board in the state you plan to apply for licensing for clarification of how a conviction may affect licensing. This clarification should be done before the application for admission to this program is submitted.

Submitted materials must be typed and double-spaced on a separate piece of paper.



## FINANCIAL PLANS

Please provide a brief description of how you plan to finance your education at Vanguard University. Note that foreign students are generally not eligible for financial aid and must submit certification of financial support.

\_\_\_\_\_

\_\_\_\_\_

Are you applying for other forms of financial aid through the Vanguard University Financial Aid Office? \_\_\_\_\_

Have you ever defaulted on a student loan? \_\_\_\_\_ If yes, please clarify. \_\_\_\_\_

Do you have a financial obligation to any college or university? \_\_\_\_\_

If yes, please clarify. \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ If yes, will you be applying for veterans benefits? \_\_\_\_\_

If yes, please specify:  VA Vocational Rehab  Montgomery GI Bill  Post 9/11 GI Bill

If you are a faculty/staff member you will need to fill out the appropriate forms in the Financial Aid Office.

## STATISTICAL INFORMATION

The information requested below is voluntary and is used for statistical purposes only. It will not be used to determine eligibility for admissions.

Did any of your relatives ever attend Vanguard University?  Yes  No

Have you applied for admittance to any other graduate program(s)?  Yes  No

If yes, what school(s)? \_\_\_\_\_

How did you initially become interested in the Graduate Program at Vanguard University? Please specify name, if known.

- Incoming VU student \_\_\_\_\_  Academic advisor \_\_\_\_\_  Current VU student \_\_\_\_\_
- College professor \_\_\_\_\_  VU alumnus \_\_\_\_\_  Advertisement in \_\_\_\_\_
- VU faculty/staff \_\_\_\_\_  Admissions rep \_\_\_\_\_  Admissions mailing \_\_\_\_\_
- Pastor \_\_\_\_\_  Web site \_\_\_\_\_  Other \_\_\_\_\_

## APPLICATION

I hereby make application for admission to Vanguard University and to its Graduate Program in Clinical Psychology. I certify that the information in this application is complete and correct. I understand that unless I do not waive my rights on the reference forms, all documents submitted for admission consideration become the property of VUSC and will not be returned to me and will not be duplicated for me, for any reason. I also understand that acceptance to VUSC is subject to verification of final records from all institutions I have attended and that the \$45.00 application fee is NON-REFUNDABLE.-

If admitted, I agree to abide by the rules, regulations and expectations of the University. These expectations include a standard of personal health, moral integrity, social awareness, and conduct congruent with Christian beliefs and standards. In order to encourage individual behavior guided by these standards, the University requires all undergraduate and graduate students to abstain from alcohol, drugs, tobacco, and illegal, immoral or disruptive activities while on campus or while involved in university-related activities.

I understand that while a student at VU, my photo may be taken on campus and at University events (whether on or off campus) and that these photos are the property of Vanguard University and may be used for promotional purposes.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Vanguard University, in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crimes Statistics Act of 1990 (formerly the Campus Security Act), provides prospective employees, students and their parents access to its Annual Security Report. The report describes the university's safety and security services and procedures and provides crime and disciplinary referral statistics for the three previous years. To obtain a copy of this report, please go to our website at [services.vanguard.edu/campus-safety/](http://services.vanguard.edu/campus-safety/).

Thank you for applying to Vanguard's Program in Clinical Psychology. Complete and forward this form with the non-refundable application fee of \$45.00 to:

**Vanguard University**  
**Graduate Admissions**  
55 Fair Drive  
Costa Mesa, CA 92626

[www.vanguard.edu](http://www.vanguard.edu)  
877.669.8872  
714.966.5499  
[gradadmissions@vanguard.edu](mailto:gradadmissions@vanguard.edu)



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