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Eastern Virginia Medical School
Norfolk State University
Old Dominion University

Complete and upload in the admissions
application supplemental materials section.

Accredited by THE AMERICAN PSYCHOLOGICAL ASSOCIATION since 1982.

First Name: _____ Middle Name: _____ Last Name: _____

Primary Phone Number: _____ Cell _____ Home _____ Work _____ Email Address: _____

I. STATISTICS AND RESEARCH METHODS COURSES

Please list all statistics and research methods courses you have taken at the undergraduate or graduate level below:

Course Number (e.g, PSYC 405)	Course Title	Credit Hours	Institution Where Taken	When Taken	Grade
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II. COMPLETE THIS SECTION ONLY IF YOU DO NOT HAVE AN UNDERGRADUATE OR GRADUATE DEGREE IN PSYCHOLOGY:

Please list all psychology courses taken below:

Course Number (e.g, PSYC 405)	Course Title	Credit Hours	Institution Where Taken	When Taken	Grade
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Total undergraduate Psychology credit hours completed: _____

III. FACULTY RESEARCH MENTOR:

Rank order your preferences for **AT LEAST TWO** faculty members with whom you are interested in working. Faculty mentors who are taking students this year and their research interests are listed on the VCPCP website at <http://sci.odu.edu/vcpcp/faculty-full.html>. Only faculty who are taking students this year are listed in the drop down boxes below.

First Choice: _____

Second Choice: _____

Third Choice: _____

IV. PERSONAL STATEMENT

In the space provided respond to the following question **in no more than 500 words**.

Answer the question, "Why do I want to become a clinical psychologist?" Tell us about the experiences and/or individuals who may have influenced or shaped your choice of career and about your goals as a psychologist. Do not repeat or summarize information that is on your vita. Instead, elaborate and provide additional information to help us understand your motivations, interests, and goals for clinical training and your career.

V. FIT WITH THE VIRGINIA CONSORTIUM PROGRAM:

One of the most important components for successful graduate training is a good fit between what the program offers and the student's training needs and interests/goals. To assess fit with our program, answer the following questions.

A. Describe your research experiences and interests. Elaborate on why you are interested in working with the mentors you identified in your application (250 word limit)

B. Describe your clinical experiences and interests. What behavioral or psychological problems interest you? What particular theoretical orientations are you familiar with or interested in learning more about? (200 word limit)

C. Describe your teaching experiences and interests (if applicable). (200 word limit)

VI. RECOMMENDATION LETTERS

As part of the application process you must submit three letters of recommendation. Please provide the names of the individuals you have asked to write your letters below:

Recommender 1: _____

Recommender 2: _____

Recommender 3: _____

I certify that the above information is true and correct to the best of my knowledge. If admitted, I agree to abide by the policies and regulations set forth in the Virginia Consortium's Program Handbook and Procedures. I acknowledge that the Virginia Consortium agrees that any information supplied in support of this application will be treated as confidential and will not be divulged to any party, including myself, except as permitted by law.

Applicant:

Date:

Please use the tables below if additional space was required for sections I or II

Overflow for Statistics and Research Method courses taken:

Course Number	Course Title	Credit Hours	Institution Where Taken	When Taken	Grade
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Overflow for Psychology courses taken:

Course Number	Course Title	Credit Hours	Institution Where Taken	When Taken	Grade
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