

Nicholls State University

NASP Approved Since 1988

Application for Specialist in School Psychology Program

Name: _____ Phone: (W) _____ (H) _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

GRE Score: Verbal _____ Quantitative _____ Advanced (Optional) _____

Undergraduate GPA: (Overall) _____ (Last 60 Hours) _____ Graduate GPA: _____

Please type. Attach additional sheets if necessary.

1. Why are you applying to the program?
2. Describe personal qualities and professional experience or training that would be assets to the program and the profession.
3. What personal or professional qualities do you possess that you feel would need to be strengthened to function effectively as a school psychologist?

4. How do you conceptualize the role of the school psychologist?

5. What are your eventual career goals?

6. What is your preferred start date? Circle one: FALL SPRING SUMMER

Year: _____

7. There are a limited number of graduate assistantships available. Do you plan to apply for an assistantship? _____ YES _____ NO

8. List the name and phone number of the persons you have asked to complete the reference rating forms.

Name	Phone Number	Your Relationship With this Person	How long you have known this person
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

This application is true and correct to the best of my knowledge. I understand that this program will necessitate a minimum of two days practicum weekly in a school or institutional setting during the second year. Acceptance to the Graduate Studies at Nicholls State University does not imply acceptance to the Specialist in School Psychology Program.

Signature: _____

Date: _____

Mail completed application to:
Carmen Broussard, Ph.D.
Department of Psychology and Counselor Education
P.O. Box 2075
Thibodaux, LA 70310