



# Marietta College

## MASTER OF ARTS IN PSYCHOLOGY – APPLICATION FOR ADMISSION

Applications for admission to the Master of Arts in Psychology (MAP) Program

The admission process includes:

1. A completed Graduate Admission Application.
2. A non-refundable \$25 application fee (paid to Marietta College)
3. Two written letters of recommendation attesting to your ability to perform graduate level work (these should be from college instructors). Each letter writer should also complete the Letter of Recommendation Form.
4. Official transcripts of all college-level work, including any graduate work.
5. Scores of the Graduate Record Examination (General test only).
6. A one-page essay describing your professional goals for your graduate education in psychology and why the MAP program fits these goals.

Please return all of the application materials to Dr. Christopher Klein, Director of the MAP Program, Department of Psychology, Marietta College, 215 Fifth Street, Marietta, OH 45750. Additionally, materials may be sent electronically to Dr. Christopher Klein at [chris.klein@marietta.edu](mailto:chris.klein@marietta.edu). Please call 740-376-4795 with any questions.

### BIOGRAPHICAL INFORMATION (Please print in ink or type) Female Male

Legal Name \_\_\_\_\_  
*last first middle initial suffix*

\_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
*preferred name*

Permanent Mailing Address \_\_\_\_\_  
*number and street*

\_\_\_\_\_ *city state zip county (not country)*

Permanent Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Enrollment Information

I plan to enroll at Marietta in the

Fall  Spring of \_\_\_\_\_ (year)

Do you wish to attend:

Full-time. (9 or more hours constitutes full-time enrollment.

Part-time. (Less than 9 hours constitutes part-time enrollment.

### OPTIONAL INFORMATION

Marietta College admits students of any race, color, national or ethnic origin, disability, gender orientation, or religious affiliation to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, disability, gender orientation, or religious affiliation in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other college-administered programs. If you have questions regarding our non-discrimination policy, please contact our Director of Human Resources at Marietta College, 215 Fifth Street, Marietta, OH 45750, 740-376-4835.

#### Ethnic Background:

Are you Hispanic/Latino  Yes  No

#### Race (please check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Island
- White (including Middle Eastern)

#### Citizenship (check one)

- U.S. citizen
- Permanent resident of the U.S. (Please send a copy of your green card)
- Permanent residents of the U.S. provide the following information:

Place of Birth \_\_\_\_\_  
Citizenship (country) \_\_\_\_\_  
State of Legal Residence \_\_\_\_\_  
Alien Registration Number \_\_\_\_\_  
First Language (if not English) \_\_\_\_\_

#### Support Services:

If you have a documented disability for which you may wish accommodation, we encourage you to contact our Director of Academic Resources to seek information regarding our support services ([arc@marietta.edu](mailto:arc@marietta.edu)).

**ACADEMIC INFORMATION**

<i>List all Colleges Attended – Please provide official transcripts</i>	<i>Degrees Awarded</i>	<i>Dates of Attendance (month, year)</i>

Academic honors, including scholarships held (give dates, names and amounts): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever withdrawn or been dismissed or suspended from any college, school or university? \_\_\_\_\_

If yes, attach a statement giving details.

**EMPLOYMENT INFORMATION**

List all positions you have held since receiving your bachelors degree.

<i>Name and address of employer – firm, organizations, etc.</i>	<i>Position</i>	<i>(Dates – month, year)</i>

I hereby certify that the information provided by me is true, complete and accurate. I understand that all credentials submitted in support of this application become the property of Marietta College and are not returnable.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



# Marietta College

## MASTER OF ARTS IN PSYCHOLOGY – LETTER OF RECOMMENDATION FORM

Letter of Recommendation Form Directions:

**Student:** Please fill in your name and the name of the recommender on this form. For your recommender’s benefit, please indicate your preference regarding the confidentiality of this form.

**Recommender:** The recommender may email this completed form and (and associated letter, if applicable) to [chris.klein@marietta.edu](mailto:chris.klein@marietta.edu), or mail a hard copy in a signed and sealed envelope addressed to:

Dr. Christopher Klein  
Director of the MAP Program  
Department of Psychology  
Marietta College  
215 Fifth St.  
Marietta, OH 45750

### To be completed by student applicant:

Applicant’s Name: \_\_\_\_\_

Recommender’s Name: \_\_\_\_\_

**Student Applicant:** Under the provisions of the Family Educational Rights and Privacy Act of 1974 and its amendments, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your inspection. Please check one of the following statements and place your signature in the space provided so that your recommender will be advised of your choice.

I grant permission for Marietta College to hold this letter of recommendation confidential and unavailable for my personal inspection.

I retain the choice of having this letter of recommendation available for my personal inspection.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### TO THE RECOMMENDER:

The Master of Arts in Psychology program is designed to provide a strong foundation in general psychology and research. The goal of the Masters program is to help students further their education at the doctoral level or to secure a job in a field related to psychology.

- How well do you know the applicant? Check one:
 

Not well     Somewhat well     Well     Very well
- In what capacity have you know the applicant?
 

As a student     As an advisee     As an assistant/or employee  
 Other (please explain) \_\_\_\_\_
- In comparison with other undergraduate college students I have known, the applicant’s intellectual ability is in the:
 

Bottom 25%     Middle 50%     Upper 25%     Upper 10%     Upper 5%

4. Please indicate this applicant's potential for graduate study in a master's level program in general psychology:

Check one:

- Unlikely to earn a M.A. degree     Will probably complete the M.A. degree     Will definitely complete the M.A.  
 Will probably be a top M.A. graduate student     Cannot evaluate

5. Please rate the applicant on the following characteristics:

- |                                       |                               |                                   |                                 |                                      |   |
|---------------------------------------|-------------------------------|-----------------------------------|---------------------------------|--------------------------------------|---|
| Maturity:                             | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Potential to do research              | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Ability to work independently         | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Writing Skills                        | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Ability to work with others           | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Speaking Skills                       | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Diligence in completing tasks on time | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Statistical                           | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |
| Potential to teach or tutor           | <input type="checkbox"/> Weak | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Not able to evaluate |

6. In order to help us evaluate the applicant, please describe more fully and explicitly the applicant's strengths and weaknesses. In addition, feel free to provide any other information that may be useful in evaluating the applicant's qualifications for graduate school. (Please answer below, or if you wish, in a separate attached letter).

Recommenders Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_