



**APPLICATION FOR ADMISSION**

**COUPLES AND FAMILY THERAPY RESPECIALIZATION CERTIFICATE PROGRAM**

**Personal Data** (please type or print clearly)

<b>Name</b>			
Mr./Ms./Dr.	First Name	Last Name	Middle/Former name
<b>Current Mailing Address</b>			Email _____
Street _____			(_____) _____
			Home Telephone _____
City _____ State _____ Zip Code _____			(_____) _____
			Work Telephone _____
<b>Permanent Mailing Address</b> (if different from above) _____			
Street _____			(_____) _____
			Telephone _____
Mail should be sent to this address beginning when? ____/____/____			
City _____	State _____	Zip Code _____	month/day/year
Social Security # (ID purposes only) _____		Sex (M/F) _____	Date of Birth _____
Are you a citizen of the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no    If no, are you a U.S. permanent Resident? <input type="checkbox"/> yes <input type="checkbox"/> no    Country of birth _____			
If no to both of the above, citizen of: _____    VISA type and Expiration Date: _____			

**Optional Information**

Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Race: <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White
<input type="checkbox"/> I am a Veteran/currently enlisted (active duty/reserves) in the U.S. Military
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no

**Please check all that apply**

- I have taken courses as a non-matriculating student at WJC. Please provide semester/s and year/s \_\_\_\_\_
- I am a re-applicant. Previous year of application: \_\_\_\_\_, program \_\_\_\_\_
- I am a graduate from WJC Program \_\_\_\_\_, year of graduation \_\_\_\_\_
- I am a graduate from a \_\_\_\_\_ credit counseling program at, name of school: \_\_\_\_\_  
 \_\_\_\_\_, year of graduation \_\_\_\_\_

## Additional Information

Please list any professional licenses you hold, or any professional affiliations to which you are a member \_\_\_\_\_

Are you fluent in languages other than English?  yes  no. If yes, which? \_\_\_\_\_

How did you hear about this program?

- direct mail  email  colleague  word of mouth  publication \_\_\_\_\_  
 alumnus  current student  APA/MPA  agency, which one? \_\_\_\_\_  
 radio  Internet/WWW  graduate guide, which one? \_\_\_\_\_  
 advertisement (which one? \_\_\_\_\_)  Other \_\_\_\_\_

What were the primary reasons you decided to apply to William James College?

- curriculum  faculty  field placements  location  APA  accreditation  reputation  tuition  
 tuition  other \_\_\_\_\_

If not a William James College graduate, are you related to a William James College Alumna/us?  yes  no

If yes, Name: \_\_\_\_\_ Relation: \_\_\_\_\_

To which other schools are you applying? \_\_\_\_\_

## Application Checklist

Please check that the following application materials are enclosed in your packet:

- Application Form  
 Curriculum Vitae  
 \$60 Application Fee, make check payable to William James College  
 Official Undergraduate and Graduate Transcripts. **Omit if William James College graduate**  
 Personal Statement. **Omit if William James College graduate**

Provide a 3-5 page double spaced personal narrative that thoroughly includes these items:

Your academic background and career interests. Previous personal, relational, and professional experiences related to your career pursuits. How self-awareness and self-reflection contribute to developing your professional role. How you navigate challenges and overcome obstacles. Abilities as they relate to the professional training that you seek at the college. How you anticipate the William James College program will meet your learning goals and advance your career path. What you will offer the William James College community. Major strengths and weaknesses in your application to the program. Commitments to volunteerism or community service.

- Recommendation #1, to be provided by a current or past supervisor. **Omit if William James College graduate**  
 Recommendation #2, to be provided by a current or past professor. **Omit if William James College graduate**

If any items are missing, please indicate when they will be submitted. Please be certain that your name appears on all submitted materials. Be sure to photocopy all materials for your records as we are unable to provide copies of application materials once they are submitted. Mail all application materials to William James College, Admissions Office, One Wells Avenue, Newton, MA 02459.

**We will consider only COMPLETED applications.**

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission is based, is not true or complete, the school may rescind my degree or certificate. I further agree that, if admitted, I will abide by the Policies and Procedures of William James College. I acknowledge that all official materials which are part of this application become the property of William James College and will not be forwarded to another institution or returned to me. **Only signed applications will be processed.**

Signature of Applicant

Date