

NDSU Child Development and Family Science
APPLICATION FOR ADMISSION
 CDFS Graduate Programs

Name _____

Degree Objective (Master of Science Interest Area): (check one)

- Child Development and Family Science
- Gerontology
- Family Financial Planning
- Couple and Family Therapy (CFT)

Or Certificate Objective: (check one)

- Gerontology
- Family Financial Planning

Undergraduate GPA in Major _____ Undergraduate GPA for last 60 credit hours _____

In your **“Reasons for Graduate Study”** statement as listed in the requirements of the NDSU Graduate School, in 500 words or less, be sure to address the following:

1. How your interest in this field developed.
2. Why you chose our program at NDSU.
3. The experiences you have had (e.g. informal, academic, employment, volunteer) that you see as related to this graduate program or your professional goals.
4. What your research interests are and how they might fit with the current research emphases in the department. If you have questions about this, the CDFS faculty research interests are described on the CDFS webpage <http://www.ndsu.nodak.edu/ndsu/cdfs/>.
5. What your professional goals are and how this graduate program will help you accomplish your professional goals.
6. If applying to CFT, how your interests and experience fit with the program’s emphasis on social justice.

List all employment experience (most recent first) or attach a resume

Job Title	Employer	Location	Dates

Memberships in professional organizations and honor societies

Special Awards

CAREER GOALS:

Please indicate the degree to which you ultimately expect to be professionally involved in the following by circling the appropriate number in each category.

	Low		High			Comments
Teaching	1	2	3	4	5	_____
Intervention (e.g., therapy)	1	2	3	4	5	_____
Research	1	2	3	4	5	_____
Administration	1	2	3	4	5	_____
Other	1	2	3	4	5	_____

I do/ do not agree (circle one) that confidential letters of reference beyond those I am supplying with this application may be solicited with respect to my admittance to the graduate program and/or consideration for financial support. If I agree, I understand that such letters may not be released to me at a later date without the express permission of those who wrote them. I further understand that if I do not agree to the confidentiality of letters of reference, this will not in itself disqualify me from consideration for admittance or for financial support.

All information given on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

STOP HERE if this application is for the CDFS, Gerontology, or FFP Programs. Continue on to complete the CFT Supplement (next) if applying to CFT.

DEADLINE FOR APPLICATIONS: The CDFS and CFT Programs admit students to begin in the fall semester only. Completed applications must be received by **February 1**. Applications received after this date will be considered on a space-available basis. **Applications received after May 1** will be held for consideration for admission the following academic year. The Family Financial Planning and Gerontology programs admit students throughout the year if space is available in the courses.

Graduate School Application: <http://www.ndsu.edu/gradschool/apply/index.shtml>

COMPLETED APPLICATIONS INCLUDE: (check list)

- NDSU Graduate Application
- CDFS Application
- CFT Supplement if applying to CFT
- Statement of Reasons for Graduate Study
- 3 letters of Reference
- Transcripts

NDSU Child Development and Family Science
 COUPLE AND FAMILY THERAPY GRADUATE PROGRAM (CFT)
APPLICATION SUPPLEMENT

List of graduate and undergraduate courses you have taken in Child Development and Family Science. Please use an asterisk to indicate classes with practicum credits.

Course Title	Grade	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List of graduate and undergraduate courses in personality, human development, and abnormal psychology.

Course Title	Grade	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other graduate and undergraduate courses relevant to couple and family therapy, theory, and methods.

Course Title	Grade	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List of courses with a social justice focus (e.g. gender, race, sexual orientation).

Course Title	Grade	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List relevant family therapy workshops and training events that you have attended.

Name of Presenter	Title of Workshops/Training
_____	_____
_____	_____
_____	_____

List clinical experiences in couple and family therapy, including volunteer and training activities.

Dates of Employment	Volunteer Service	Type of Clinical Activity	Location/Address
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL REFERENCES

Please list two (2) professionals (professors/therapists/supervisors) who can be contacted for further information about your qualifications for training in Couple and Family Therapy. (These professionals are in addition to those whose letters you are submitting with this application and DO NOT need to submit letters of recommendation.)

Name/Title	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

All information given on this application is True and Correct to the best of my knowledge.

Signature of Applicant

Date