

**ACAP**  
**Academy of Clinical and Applied Psychoanalysis**

301 S. Livingston Avenue, 2<sup>nd</sup> Floor, Livingston, NJ 07039

Phone 973-629-1001 Fax 973-629-1003

acapnj@acapnj.org

**APPLICATION FOR ADMISSION**

1. Complete this application and return it to ACAP with the non-refundable application fee of \$35.00
2. Please forward official copies of your undergraduate and graduate transcripts to the ACAP Registrar.
3. Include two letters of recommendations.
4. Include a brief personal statement.

***THIS APPLICATION IS FOR:***

- MA IN APPLIED PSYCHOANALYSIS (MAAP)
- MA IN PSYCHOANALYTIC COUNSELING (MAPC)
- CERTIFICATE
- NON-DEGREE PROGRAM

Semester and Year of Anticipated Enrollment: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

OTHER NAME: \_\_\_\_\_  MALE  FEMALE MARITAL STATUS \_\_\_\_\_  
(OPTIONAL)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

EMAIL#1 \_\_\_\_\_ EMAIL#2 \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP USA  PERMANENT RESIDENT  STATUS  STATUS \_\_\_\_\_

NON-IMMIGRANT VISA F-1 F-2 J-1 J-2 B-2 OTHER \_\_\_\_\_

WRITE NAME OF UNDERGRADUATE SCHOOL, DEGREE AND DATE \_\_\_\_\_  
\_\_\_\_\_

WRITE NAME OF GRADUATE SCHOOL, DEGREE AND DATE \_\_\_\_\_  
\_\_\_\_\_

OTHER LEARNING EXPERIENCE \_\_\_\_\_  
\_\_\_\_\_

CURRENT EMPLOYMENT \_\_\_\_\_  
\_\_\_\_\_

CLINICAL/PROFESSIONAL EXPERIENCE \_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT ACAP? \_\_\_\_\_

I hereby certify that all information supplied by me in this application, and all supplemental materials, is accurate and complete. I understand that any misrepresentation of fact will constitute cause for nullification of my application prior to admission or dismissal following admission. I agree to abide by all the rules established by the College and ACAP as set forth in the catalog and other publications as well as such other rules and regulations established by the proper authorities of the College and ACAP. In addition, I agree to pay the tuition, and other fees charged by the College and ACAP in excess of any financial assistance that I may receive from the College and ACAP. I also agree to allow the College and ACAP to release statistical and non-specific information to the press and/or to use my photograph in promoting the College and ACAP.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*ADMISSIONS COMMITTEE ONLY*

*NAME OF INTERVIEWER #1* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*RECOMMENDATIONS* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NAME OF INTERVIEWER #2* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*RECOMMENDATIONS* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIVED:**

- APPLICATION
- APPLICATION FEE
- PERSONAL STATEMENT
- LETTER OF RECOMMENDATION
- LETTER OF RECOMMENDATION
- INTERVIEW #1
- INTERVIEW #2

*Notes:*