



# ACAP

## The Academy of Clinical and Applied Psychoanalysis

### APPLICATION FOR ADMISSION

Program Applying for \_\_\_\_\_ Semester/Year \_\_\_\_\_

Attach Photo Here

#### Instructions:

1. Use this form for the following Programs: **Certificate • Non-Matriculation**
  2. Complete this form and return to the Administrative Office with the non-refundable application fee of \$35.00.
  3. Attach a brief statement describing your professional goals and any other reasons for seeking psychoanalytic training.
  4. Have two letters of reference/recommendation sent to the Administrative Office.
  5. Have official copies of your undergraduate and graduate transcripts sent to the Administrative Office.
  6. Upon receipt of the completed application and official transcripts, the Dean of Admissions will arrange two interviews.
- \* Non-matriculating applicants need only complete this form & arrange an interview before or during semester**

Name \_\_\_\_\_ M/F \_\_\_\_\_ Birth Date \_\_\_\_\_  
First /Middle/Last /Title Circle

Address \_\_\_\_\_  
Street/Town/State/Zip/Country

Email \_\_\_\_\_

Telephone \_\_\_\_\_  
Home Cell Business

Undergraduate \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

Graduate \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

Graduate \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

Professional Title \_\_\_\_\_

Current Employment Description \_\_\_\_\_

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. I agree to abide by all the rules established by ACAP as set forth in the catalog and other publications as well as such other rules and regulations established by the proper authorities of ACAP. In addition, I agree to pay the tuition and other fees charged by ACAP in excess of any financial assistance that I may receive from ACAP. I also agree to allow ACAP to release statistical and non-specific information to the press and or to use my photograph in promoting ACAP.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICE USE ONLY

#### RECEIVED

Notes (use other side if needed):

- Application & Fee
- Transcript(s)
- Personal Statement
- Letter of Recommendation #1
- Letter of Recommendation #2
- Interview \_\_\_\_\_
- Interview \_\_\_\_\_
- Official Transcripts Received

- Administration
- Student File

Admissions Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED  REJECTED