



APPLICATION FOR ADMISSION

Instructions:

1. Complete this application and return it to the CMPS Admission Office with the application fee of \$50.00.
2. Applicants are required to have forwarded official copies of their undergraduate and graduate transcripts to the registrar.
3. Upon receipt of the completed application and official transcripts, the registrar will arrange for an admission interview.
4. Attach a brief statement describing your professional goals and any other reasons for seeking psychoanalytic training at CMPS.
5. Two letters of reference/recommendation must be included.
6. Include a writing sample (i.e. a term paper, article, or essay).

Name _____
FIRST MIDDLE (MAIDEN NAME) LAST

Address _____

City _____ State _____ Zip _____

Telephone () _____ () _____ () _____
HOME BUSINESS OTHER

Email address _____ @ _____

Date of Birth _____ Marital Status _____

Undergraduate Degree _____ Major _____ Year _____

Graduate Degree _____ Major _____ Year _____

Graduate Degree _____ Major _____ Year _____

Professional Title: _____

Current Employment Description: _____

Clinical/Professional Experience: _____

Psychotherapy History

Name of Therapist	Approximate dates of Therapy	No. of Sessions

How did you learn of the CMPS Training Institute? _____

I request admission for the Spring / Fall semester of (year) _____.

Fall semester begins September; Spring semester begins late January.

Date _____ Signature _____