



PhD Information Form

Full-time Program (Application Deadline December 1.)

Below are two lists reflecting field of practice and practice methods. From each list, indicate your probable areas of substantive interest by placing a "1" next to the area of greatest interest and a "2" for the area of next greatest interest.

Field of Practice: ___ Family and Children ___ Mental Health ___ Health ___ Substance Abuse
___ Aging ___ Other (please describe): _____

Practice Methods: ___ Direct Practice (individuals, families, groups) ___ Administration and Supervision
___ Community Practice ___ Policy Analysis and development
___ Other (please describe): _____

I. Personal Information (Please Print or Type)

Last Name First Name

Address (include apartment #) City State Zip Code

Home Number Cell/Pager Number E-mail Address
Social Security: ____-____-____ Date of Birth: ____/____/____ Ethnicity: _____
Month Day Year
U.S. Citizen: Yes No If no, what country: _____

II. Employment

Title/Position Name of Agency/Organization

Current Supervisor Name Supervisor Title/Position

III. EDUCATION

Undergraduate Information

College or University	Major	Degree/Year	Cumulative GPA

Graduate Information

College or University	Major	Degree/Year	Cumulative GPA

Recent GRE: Date Taken: ____/____/____ Verbal: ___ Quantitative: ___ Analytical Score: ___
Recent TOEFL: Date Taken: ____/____/____ Listening: ___ Reading: ___ Speaking: ___ Writing: ___ Total Score: ___



PhD Information Form

Please identify faculty members at our school whose research areas interest you.
To learn more and get a comprehensive listing of our doctoral faculty, you can visit our
web site: <http://sowkweb.usc.edu/people/tenure.html?scope=admin>.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

(Attach a copy of a current resume to this form)