ST. JOHN'S UNIVERSITY

ST. JOHN'S COLLEGE OF LIBERAL ARTS AND SCIENCES

Office of the Postgraduate Professional Development Programs

Postdoctoral Certificate Programs in Forensic Psychology Application

Please submit the following items to: Rafael Art. Javier, Ph.D., ABPP, St. John's University, Office of Postgraduate Professional Development Programs, Marillac Hall 402B, 8000 Utopia Parkway, Queens, NY 11439, 718-990-5640/1972.

(Please note that returning students who have completed the foundational program only need to submit the application and deposit.)

- C.V. with relevant professional experiences (including titles, descriptions of activities and dates)
- Verification of degree (copy of diploma, if not yet licensed)
- Copy of psychology license and registration
- Copy of transcripts or other documents showing training in forensic psychology (if applying for advanced status)
- Non-refundable application fee

Please type or print clearly:

Social Security Number (Optional) _____ Date of Birth (Month/Day/Year) _____

I am applying to:

- ☐ Foundational Certificate Program
- ☐ Advanced Certificate Program in Criminal Law
- ☐ Advanced Certificate Program in Civil/Family Law

Applicant's Last Name (Surname) _____ First Name (Given Name) _____ Middle Name _____

Address (Number and Street Address) _____ Apartment No. _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Home Telephone (Include Area Code) _____ Work Telephone (Include Area Code) _____

E-mail Address _____ Gender ◯ Male ◯ Female

Have you previously attended St. John's University: ◯ Yes ◯ No

If yes, under what name? _____

Ethnic Origin (Optional)

- ◯ Asian or Far East
- ◯ Indian Subcontinent
- ◯ Pacific Islander
- ◯ Black, African-American
- ◯ Black, Caribbean/West Indian
- ◯ Black, African
- ◯ Arab, N.African, Middle East
- ◯ Caucasian
- ◯ Hispanic, Cuban
- ◯ Hispanic, Mexican
- ◯ Hispanic, Other
- ◯ Native American or Alaskan
- ◯ Other (specify) _____

Religious Background (Optional)

- ◯ Roman Catholic
- ◯ Jewish
- ◯ Baptist
- ◯ Episcopal
- ◯ Greek Orthodox
- ◯ Lutheran
- ◯ Methodist
- ◯ Mormon
- ◯ Presbyterian
- ◯ Protestant
- ◯ Russian Orthodox
- ◯ Seventh-Day Adventist
- ◯ Muslim
- ◯ Buddhist
- ◯ Hindu
- ◯ None
- ◯ Non-Denominational
- ◯ Other (please specify): _____

Highest Degree Obtained

Name of college/university _____

City	State	From (Month/Year)	To (Month/Year)

License

License #	Date	State of License	Registration #	Expiration Date

Previous Dismissal or Suspension

Have you ever been disciplined for misconduct, suspended, expelled, or required to withdraw from any secondary or postsecondary educational institution? If yes, please explain on a separate sheet of paper. ◯ Yes ◯ No

Have you been convicted of a felony? If yes, please explain below. ◯ Yes ◯ No

_____

Your Signature

I, the undersigned, hereby apply for admission to St. John's University. If accepted, I agree to abide by all the rules and regulations of the University, including those set forth in the University bulletins. All information contained herein is, to the best of my knowledge, true and complete. (Any omission or falsification of records is grounds for dismissal.)

Signature _____ Date (Month/Day/Year) _____