

# Psychological Testing Application Form

Rev. date: 8/5/14

## **Student**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## **Dissertation**

Title \_\_\_\_\_

Instruments \_\_\_\_\_

## **Supervising Psychologist**

Name \_\_\_\_\_

Address \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Position \_\_\_\_\_

Licensing agency \_\_\_\_\_ Date of licensure \_\_\_\_\_

## **Approval**

\_\_\_\_\_  
Guidance Committee Chairperson

\_\_\_\_\_  
Guidance Committee Second Member

\_\_\_\_\_  
Dr. Charlie Ray, Associate Dean of  
Research Doctoral Programs

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Dr. Kathy Steele, Professor of Psychology  
and Counseling, MFT, LPC

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Dr. Jerry Barlow, Dean of  
Graduate Studies

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Date of Final Approval