APPLICATION PACKET FOR

PSYCHOLOGY AND PSYCHIATRIC REHABILITATION

DUAL MAJOR

Program Coordinator
Sharon Boyd-Jackson, Ph.D.
Psychology Department
EC-226E, (908) 737-5877
Email: sharonj@kean.edu
PSYCHOLOGY AND PSYCHIATRIC REHABILITATION
ADMISSION APPLICATION CHECKLIST

_____ completed application form

_____ completed personal statement

_____ First letter of recommendation ______________________________
Name of reference

_____ Second letter of recommendation ______________________________
Name of reference

_____ Transcripts from:

________________________________
Name of school

________________________________
Name of school

________________________________
Name of school

________________________________
Name of school

Completed package was mailed on      _________
Date sent
Dear Potent Student:

Thank you for your interest in our Bachelor of Science Dual Major in Psychology and Psychiatric Rehabilitation. This is a joint program sponsored by Kean University and the Rutgers University School of Health Related Professions. We accept students twice a year. Our application deadline is October 1st for admission to the spring semester and March 1st for admission to the fall semester. You must be admitted to Kean before you can apply to this program. Please submit the following information to Dr. Sharon Boyd-Jackson in the School of Psychology:

1) Completed application form
2) A completed personal statement as specified
3) Two (2) letters of recommendation in sealed and signed envelopes (make sure you provide stamped, addressed envelopes to be sent directly to the Psychology Department as shown below). Or you can send the sealed and signed letters with your application.
4) Official college and high school transcripts from all schools attended. You must also send your Kean transcript which you can print from Keanwise.

All information should be sent to:
Dr. Sharon Boyd-Jackson, Program Coordinator
Kean University, School of Psychology
Room # EC-226E
1000 Morris Avenue, Union, NJ 07083

If you have any questions, please feel free to contact Dr. Sharon Boyd-Jackson in the School of Psychology at (908) 737-5877 or 737-5871, email: sharonj@kean.edu

*Attention Transfer Students:
Please be advised that all transfer students must receive an acceptance letter of admission to Kean before applying to this program. However, transfer students may check Psychiatric Rehabilitation as their intended major when applying to Kean University admissions office.

Once you have been admitted to Kean you will need to follow steps one through four above with the exception of sending a Kean transcript. You cannot become a declared major until you complete this application and receive acceptance from the School of Psychology.

You are responsible for making certain all materials are received before the deadline date (either March 1st or October 1st).

Sincerely,

Sharon Boyd-Jackson, Ph. D.
Program Coordinator, Psychiatric Rehabilitation
B. S. IN PSYCHOLOGY AND PSYCHIATRIC REHABILITATION
APPLICATION FOR ADMISSION
TYPE OR PRINT IN INK
DATE: ______________________
Please be sure to sign at the end of this application

1. Full Name Mr.
   Mrs.
   Miss
   Ms.
   LAST (family) FIRST M.I.

If information needed to process this application is located under a different name, please place such name(s) in the space provided below:

LAST         FIRST         M.I.

2. PERMANENT ADDRESS
   AND TELEPHONE

   NUMBER & STREET  CITY

   COUNTY  STATE  ZIP

   HOME TELEPHONE  BUSINESS or CELL TELEPHONE

   EMAIL ADDRESS

3. PREFERRED MAILING
   ADDRESS (IF DIFFERENT FROM ABOVE)

   STREET NUMBER  AND NAME

   CITY  STATE  ZIP

4. IDENTIFICATION INFORMATION
   **SEX  **BIRTHDAY (MONTH, DAY, YEAR)  SOC. SECURITY #
**ETHNIC IDENTIFICATION: (CHECK ONE)**

( ) AMERICAN INDIAN  ( ) COMMONWEALTH PUERTO RICAN

( ) ASIAN/INDIAN SUBCONTINENT AND ( ) MEXICAN AMERICAN
PACIFIC ISLANDER ( ) CUBAN

( ) U.S. BLACK, NON-HISPANIC ( ) OTHER HISPANIC

( ) OTHER BLACK, NON-HISPANIC ( ) CAUCASIAN, NON-HISPANIC

( ) MAINLAND PUERTO RICAN ( ) OTHER (SPECIFY) __________________

ARE YOU A VETERAN OF THE ARMED FORCES? (CHECK ONE)

_____NO

_____YES

DATES OF SERVICES: FROM _______ TO _______

(Mo/day/yr) (Mo/day/yr)

**CITIZENSHIP:**

PLACE OF BIRTH_____________________________ U.S. CITIZEN__________________

COUNTRY OF CITIZENSHIP (if not U.S.)______________________________

FOREIGN STUDENT_______ REFUGEE_______ PERMANENT RESIDENT__________________

VISA CLASSIFICATION____________________________ EXPIRATION DATE________________

ALIEN REGISTRATION NUMBER________________________ PASSPORT EXPIRATION DATE______

6. **Do you have any disabilities? ______yes ______no:** In connection with the efforts to assure compliance with Section 504 of the Rehabilitation Act of 1973, you may wish to indicate any disability which you have and describe services you are currently receiving and/or may require in order to perform successfully in the professional program for which you are applying. If you respond to this item, please attach a supplemental page.

7. List all jobs and voluntary or military experiences. Account for all time that has elapsed since graduating from high school. Attach an additional page if necessary.

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF EMPLOYER</th>
<th>JOB TITLE</th>
<th>DATES FROM-TO</th>
<th>HEALTH RELATED (CHECK)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

8. Provide information regarding academic pursuits. List most recent college attended first, include high school or equivalency (GED). Attach an additional page if necessary.

<table>
<thead>
<tr>
<th>INSTITUTION, CITY, STATE</th>
<th>DATES</th>
<th>DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not affect the status of this application. However, all other questions must be answered.**

Please be advised that any false statements, material omissions or inaccuracies will automatically disqualify the applicant from consideration.

DATE: ________________________ SIGNATURE OF APPLICANT________________________________________
BACHELOR OF SCIENCE IN
PSYCHOLOGY AND PSYCHIATRIC REHABILITATION

PERSONAL STATEMENT OF
EDUCATIONAL AND CAREER GOALS

NAME: __________________________________________

SS#________________________

Write an essay stating your reasons for pursuing this degree and career. Summarize any experience you may have which is paid and volunteer, or any work you may have done. Please specify if your work is in the field of mental health and/or psychiatric rehabilitation. Include an explanation of your career goals. Please use a separate sheet to complete your personal statement. You must fill out this sheet, sign and attach this form to your personal statement.

DO NOT USE THIS – USE A SEPARATE SHEET OF PAPER TO TYPE YOUR PERSONAL STATEMENT AND ATTACH TO THIS FORM

*********************************************************************
My signature below attests to my acknowledgement that the attached statement I created is a true and credible account of my educational and career goals.
*********************************************************************

SIGNATURE: _________________________________

DATE: _____________________
RECOMMENDATION FORM

PART A - To Be Completed by Student – Please be sure that the individuals you choose to provide a letter of recommendation will be professionals who can attest to your academic abilities. One of your letters may come from a professional that can attest to your work experience. However, academic letters may carry more weight.

(Print or Type)
Student Name_________________________________ Social Security#____________________
Address__________________________________________

_____ I waive my right to see this recommendation.
_____ I do not waive my right to see this recommendation.

Signature X ______________________________________
******************************************************************************

PART B - To Be Completed by Reference
The above named student has applied to the Psychology and Psychiatric Rehabilitation Dual Major Program at Kean and Rutgers University. Please complete this recommendation form regarding your knowledge of the applicant’s abilities. Please type your response on professional letterhead. Thank you.

Person Providing Reference_____________________________________________
Title/Position__________________________________________________________
Institution________________________________________________________________
Address____________________________________________________________________

How long have you known this applicant? _________________________________

YOUR COMMENTS ARE VERY IMPORTANT
Please attach a letter to this form to discuss the reasons you recommend this student for admission to this program. Address the following areas if applicable:

Maturity level, enthusiasm, organizational skills, interpersonal skills and communication ability, experience in mental health or psychiatric rehabilitation, or any other work skills.

Please make certain you type your response on professional letterhead, date and sign this form as indicated below. In addition, please enclose your letter in a sealed envelope and sign across the seal.

Date: ____________________________
Signature: __________________________
******************************************************************************

DUE BY: March 1st for Fall Admission; October 1st for Spring Admission – SEND TO: Dr. Sharon Boyd-Jackson, Kean University, East Campus-226E, 1000 Morris Avenue, Union, NJ 07083
RECOMMENDATION FORM

PART A - To Be Completed by Student – Please be sure that the individuals you choose to provide a letter of recommendation will be professionals who can attest to your academic abilities. One of your letters may come from a professional that can attest to your work experience. However, academic letters may carry more weight.

(Print or Type)

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Address________________________________________

______________________________________________

_____ I waive my right to see this recommendation.

_____ I do not waive my right to see this recommendation.

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Title/Position______________________________________________________________

Institution____________________________________________________________________

Address_________________________________________________________________________

How long have you known this applicant? ____________________________

YOUR COMMENTS ARE VERY IMPORTANT

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Date: ________________________________

Signature: ________________________________

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