

 This application requires your attention for one or more items.

Spring 2023 (January) - Clinical Psychology, Master of Arts

Review Supplemental Items & Documents

 Print (/RecruitNewWFE/Application/Print?applicationId=2888f142-764c-ed11-a8b0-005056918de3)

Please enter your information in each of the following sections. Fields with a red asterisk (*) are required and must be completed before you can submit your application. Additional questions may become required based on your answers to a previous question.

To which program do you wish to apply? *

Graduate

Address Information

Foreign Address Line

Country

India

Address *

VPO DADUPUR RORAN, DISTT KARNAL

City *

KARNAL

State/Province

Zip/Postal Code

132001

Other Contact Information

Primary Phone *

7988699326

Are you Hispanic/Latino *

Non-Hispanic/Latino

Gender *

Female

Race/ethnic background (optional). Mark all that apply.

For institutional use only. Race/ethnicity is not a deciding factor in the admission process.

American Indian or Alaska Native

No

Asian

Yes

Black or African American

No

Native Hawaiian or Other Pacific Islander

No

White

No

Hispanics of Any Race

No

Prefer Not To Respond

No

Citizenship

Country of Birth *

India

Citizenship *

India

Visa Type

Currently living in the U.S.

No

Do you have dependents you support?

No

Academic Plans

Academic Level *

Graduate

Academic Program *

Clinical Psychology, Master of Arts

High School Information

List ALL high schools attended.

High School 1

Graduation or Anticipated Graduation Date**High School**

Unlisted High School

Unlisted School Name and Address

DYAL SINGH COLLEGE, KARNAL, HARYANA, INDIA

Weighted GPA**Weighted GPA Scale****Unweighted GPA**

6

Unweighted GPA Scale

10

College Credit

Have you attended other colleges for credit? *

No

Are you currently enrolled in a United States college?

No

Additional Information

Learned About Murray *

Other

Certification

Please affirm the following before you submit your application.

Do you certify the following? *

I understand that once my application has been submitted it may NOT be changed in any way.

Yes

Do you certify the following? *

I understand that withholding information or giving false information or documents will make me ineligible for admission and subject to administrative withdrawal. I certify that the information given in this application is correct and complete, as are all supporting documents. I have read and I am responsible for meeting the admission requirements.

Yes

The electronic signature consists simply of your name, typed by you on your keyboard. The signature is your confirmation that the application you have filled out is your own work and the information is factually true. Once you type in your name, this will count as your electronic signature.

Signature *

MANISHA ARYA

Signature Date *

10/15/2022

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