

Psychological Testing Application Form

Rev. date: 3/24/04

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

Dr. Asa Sphar, Professor of Psychology
and Counseling, AAMFT, LPC

Dr. Jerry Barlow, Dean of
Graduate Studies

Date of Final Approval