



**Department of Psychology and School of Kinesiology
Graduate Diploma in Health Psychology Program
Application Form**

Applicant Name: _____

Name of current supervisor (or faculty advisor): _____

Currently enrolled as a graduate student in (check one):

- Graduate Program in Kinesiology and Health Science
- Graduate Program in Psychology

Current year of study (e.g., PhD 1): _____

1. Title or topic of potential/defended Master's thesis:

2. If applying as a PhD student, please also indicate the title or topic of your dissertation:

Checklist of application materials (check enclosed items):

- A letter that describes your interests in health psychology and your career plans (up to one page, single-spaced).
- A Curriculum Vitae that includes information about any scholarships and academic awards, research experience, and publications and conference presentations.
- A copy of your undergraduate academic transcript(s) (official copies not required).
- An up-to-date copy of all of your graduate academic transcript(s).
- A letter of recommendation from a member of York's Faculty of Graduate Studies outlining your academic abilities, written and oral communication skills, and evidence for future success as a health psychology researcher. This letter must be sealed in an envelope with the referee's signature across the flap and included with the rest of the application materials.

Please accept my completed application to the Graduate Diploma in Health Psychology Program.

Name of Applicant

Signature

Date (dd/mm/year)

Please obtain the signature of your graduate program director below:

I am aware that _____ is submitting an application to the Graduate Diploma in Health Psychology Program at York University and I support the application.

Name of Graduate Program Director (please print)

Signature of Graduate Program Director

Date (dd/mm/year)

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For office use only:

Materials received: (please check)

- Application form
- Letter from student
- Curriculum Vita
- Undergraduate transcript(s)
- Graduate transcript(s)
- Letter of recommendation

Admission Committee decision:

- Admit
- Reject (reason: _____)
- Postpone (reason: _____)

Name of Health Psychology
Graduate Diploma Program
Coordinator

Signature

Date (dd/mm/year)