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 Potential 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 Rutgers University, School of Health Related Profession. Our application deadline is **November 1st for admission to the spring semester and March 1st for admission to the fall semester**. You may only apply to this program if you are already admitted to Kean University by forwarding the following information (*if you are a transfer student see note below:*

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)

4) Official college and high school transcripts from all schools attended (including Kean which you can be unofficial and printed from Keanwise).

**All information should be sent to:**

Dr. Sharon Boyd-Jackson, Program Coordinator  
Kean University, Psychology Department  
Room # EC-226E  
215 North Avenue  
Hillside, New Jersey 07205-3134

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

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*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. You will be considered for the Psychology and Psychiatric Rehabilitation Dual Major simultaneously only if you also send the following to the Psychology department:

- **A letter to the Psychology Department to explaining your status as a transfer student who is applying to Kean and interested in the Psychology and Psychiatric Rehabilitation Dual Program.**
- **Two Letters of reference for the Psychology and Psychiatric Rehabilitation Dual Major Program**
- **In addition, the personal statement you send to Kean Admissions should reflect your goals for Psychiatric Rehabilitation**
- You will send all letters to: Dr. Sharon Boyd-Jackson, Kean University School of Psychology, East Campus Room EC-226E, 1000 Morris Avenue, Union, 07083.

You should expect to hear first from the Kean admission office regarding your admission status. You will hear from the psychology department in reference to admittance to this special program only after you are admitted to Kean. **You are responsible for making certain all materials are received before the deadline date (either March 1st or November 1st).**

Sincerely,

Sharon Boyd-Jackson, Ph. D.
Program Coordinator, Psychiatric Rehabilitation

Kean (Rev-2013)
B. S., Dual Major Degree Program: 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 #

Kean (Rev-2013)
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.

   NAME & ADDRESS OF
   JOB TITLE
   DATES FROM-TO
   HEALTH RELATED
   (CHECK)

   ________________________________
   ________________________________
   ________________________________
   ________________________________

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

   INSTITUTION, CITY, STATE
   DATES
   DEGREE

   ________________________________
   ________________________________

*Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not affect the
status of this application.

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

DATE: __________________________ SIGNATURE OF APPLICANT__________________________

Kean (Rev-2013)
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 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: _________________
DUE BY: March 1st for Fall Admission; November 1st for Spring Admission

RECOMMENDATION FORM

PART A - To Be Completed by Student – Please be sure that the person you choose to provide a letter of recommendation will be a professional who can attest to your academic and/or work experience.

Student Name______________________________ Social Security#__________________
(Print or Type)
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 University 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, 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: __________________________________________________________

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Dr. Sharon Boyd-Jackson, Kean University, East Campus-226E, 1000 Morris Avenue, Union, 07083
DUE BY: March 1st for Fall Admission; November 1st for Spring Admission

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Student Name___________________________________________ Social Security #__________________
(Print or Type)
Address____________________________________________________

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

Signature X ________________________________________________

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Date: ____________________________

Signature: ___________________________________________________

Dr. Sharon Boyd-Jackson, Kean University, East Campus-226E, 1000 Morris Avenue, Union, 07083.