



The Graduate School,  
 Saint Louis University  
 3634 Lindell Boulevard, Suite 117  
 St. Louis, Missouri 63108, USA

**Application for Admission:  
 Certificate Program in  
 MARRIAGE AND FAMILY THERAPY**

The Certificate in Marriage and Family Therapy program is offered jointly by the College of Education and Public Service and the Graduate School of Saint Louis University. Viable applicants must have earned or be finishing a Master's degree in a clinical mental health field, or a post-baccalaureate in a human service field.

The complete application includes the following supporting documents:

- Application form and \$10.00 fee (received in the Graduate School by January 15);
- Transcripts of all previous post-secondary academic work;
- Score report from the GRE General Test (taken within the past five years);
- Three letters of recommendation;
- Applicant-prepared professional goal statement, indicating current career aspirations and the manner in which this certificate program would contribute to those plans; and
- Resume/C.V.

An on-campus interview is required. After an initial screening of applications, selected applicants will be contacted by the department to schedule the interview, which will take place on a Friday in February.

To apply to the Certificate program, complete this form and forward it, the application fee and all supporting documents to the address in the upper right-hand corner of this page. Additionally, if you are currently enrolled in the Graduate School, obtain the necessary signature in the "Recommendation of the Applicant's Current Major Field" section before submitting to Graduate School.

Please type or print the information requested below. Responses to the (\*) items are not absolutely required, but these data are requested for statistical purposes only, and the applicant's cooperation is appreciated. All information will be computer-filed in the University's electronic database in aggregate form.

Are you currently enrolled in the SLU Graduate School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you pursuing this degree concurrently with a SLU Graduate Degree Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name** \_\_\_\_\_  
Last/Family Name                      First Name                      MI                      (Previous Name/s if any)                      Salutation/Title

**Banner ID #** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone # ( )** \_\_\_\_\_ **Work Phone # ( )** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Number and Street    Apartment or Box Number, if any  
 \_\_\_\_\_  
City    State    Zip

**Permanent Address** \_\_\_\_\_  
Number and Street    Apartment or Box Number, if any  
 \_\_\_\_\_  
City    State    Zip  
 \_\_\_\_\_  
Country, if not United States

**Academic Term for which Certificate status is sought (check one box and enter year)**

Fall Semester                      \_\_\_\_\_ Year

**Birth Date** \_\_\_\_\_ **Birthplace** \_\_\_\_\_  
Month/Day/Year City, State; also Country, if not United States

**Gender**  Male  Female **\*Marital Status:**  Single  Married  Other \_\_\_\_\_

**Citizenship** Print country of citizenship; if a United States Citizen, print "USA" \_\_\_\_\_

Check here  if a Resident Immigrant (i.e., a "green card" holder)  
Check here  if a Non-Resident Immigrant and indicate type of visa held, if any \_\_\_\_\_

**\*Ethnic Origin**  
 American Indian or Eskimo  Black, Non-Hispanic  Hispanic  
 Asian/Oriental or Pacific Islander  White, Non-Hispanic  Other \_\_\_\_\_

**\*Religion**  Baptist  Episcopal  Jewish  Lutheran  Methodist  
 Catholic  Unspecified  Other \_\_\_\_\_

*"I, as the applicant, attest that the information provided here is, to the best of my knowledge, accurate and true."*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Recommendation of the Applicant's Current Major Field

The student and the major field must understand that, although some completed, advanced, academic work will partially fulfill requirements for both certificate and degree, and some elective credits within the degree program may be assigned to the certificate, full completion of both sets of requirements may total in credit hours an amount greater than that required to earn the degree alone.

I recommend  approval,  denial of this petition.

Signed: \_\_\_\_\_  
Major-Field Chairperson/Program Director Date

Prerequisite deficiencies, if any: \_\_\_\_\_

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### Recommendation of the Director, Certificate Program

Admit  Do Not Admit

Signed: \_\_\_\_\_  
Director, Certificate Program Date

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### Action of Graduate School

Admitted  Not Admitted

Signed: \_\_\_\_\_  
Academic Dean, The Graduate School Date

Signed: \_\_\_\_\_  
Dean, The Graduate School Date

Comments: \_\_\_\_\_