



STATEMENT OF CHARACTER FORM

School Psychology Program

Division of Psychology and Counseling

Last Name: _____ First Name: _____

Social Security Number: _____

Please complete the following: (Circle Yes or No)

Table with 6 rows and 4 columns. Columns: Question number, Question text, YES, NO. Rows contain questions about criminal convictions, pending charges, sealed convictions, and professional licenses.

Signature

Date

Department of Psychology Policy: Application for admission to a psychology program: Any applicant responding "Yes" to any of the above statements may be asked to explain and have a Civilian Identification background check. They may be denied admission to a psychology program and/or asked to sign a disclaimer acknowledging that upon completion of the program they may be denied licensure by the State. The student is advised to seek legal counsel to have the violation or conviction expunged, but should acknowledge that expungement does not necessarily ensure that licensure will be granted by the state.

THIS FORM MUST BE COMPLETED AND INCLUDED WITH OTHER REQUIRED APPLICATION MATERIALS.