

Mills Infant Mental Health Supplemental Application

Legal Name _____

Applying for Fall _____ Spring _____ Social Security _____

Email Address _____ Phone Number _____

If you are on the 4+1 IMH Psychology Major Track, check below

4+1 _____ Date of Graduation _____

If you are applying for the 2-year MA in IMH, check below

2-year MA _____

Which of the following Mills courses or equivalents have you completed?

Fundamentals of Psychology (Psyc 49)

Institution _____ Year _____ Course Title _____

Analytical Methods/Statistics (Psyc 84)

Institution _____ Year _____ Course Title _____

Psychopathology (Psyc 118)

Institution _____ Year _____ Course Title _____

Developmental Psychology (Psyc 40/140)

Institution _____ Year _____ Course Title _____

Research Methods (Psyc 151)

Institution _____ Year _____ Course Title _____

Attachment and Loss (Psyc 142)

Institution _____ Year _____ Course Title _____

Infancy (Psyc 165)

Institution _____ Year _____ Course Title _____

Please record your overall undergraduate grade point average below. List the institution where you have/will obtain the baccalaureate degree and your undergraduate major. Two official transcripts from each post-secondary institution attended should be sent directly to the Office of Graduate Studies.

Institution granting undergraduate degree _____

Major _____ Overall GPA _____