



**Adler Graduate Professional School**  
 890 Yonge Street, 9<sup>th</sup> Floor  
 Toronto, Ontario M4W 3P4  
 Tel: 416 923 4419 Fax: 416 923 9017  
 A division of Adler School of Professional Studies Inc.

Master of Psychology/Transitional Diploma

**Admission Checklist**

√	Action	Dates	
		done	Office Use Only
	Download Admissions package from <a href="http://www.adler.ca">www.adler.ca</a>		
Request transcripts from all postsecondary schools that have granted you credit toward a degree or any part of a degree. Fill in names of schools below (or use additional sheet):			
	#1:		
	#2:		
	#3:		
Request 3 letters of recommendation, at least 1 from someone who can comment on your capacity for work at the graduate academic level. Fill in names below:			
	#1:		
	#2:		
	#3:		
	Complete & submit application form* including checklist		
<p>* Send Application Form and Admission Checklist</p> <ul style="list-style-type: none"> <li>○ By mail to: Admission Committee            Adler Graduate Professional School            890 Yonge Street, 9<sup>th</sup> Floor            Toronto, Ontario M4W 3P4</li> <li>○ Email forms to <a href="mailto:admissions@adler.ca">admissions@adler.ca</a></li> </ul> <p>* Pay \$75.00 Application Fee</p> <ul style="list-style-type: none"> <li>○ By cheque payable to <i>Adler School</i></li> <li>○ By debit or credit card by telephone: 416 923 4419</li> </ul>		<p style="text-align: center;"><b>For Office Use Only</b></p> Payment received By: <i>credit card</i> <i>Debit</i> <i>Cheque</i> # Date: Burser:	

Note: You will be notified by the Admission Office when all of the above items have been received and your file is complete, including payment, upon which time your file will be passed to the Admission Committee. Within 30 days, the Admission Committee will then determine that status of your application. You will be informed and if successful you will be invited to a face to face interview.

REMEMBER: Always save copies of school forms and documents for your own files.



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## Admission Application

**DATE OF APPLICATION:** \_\_\_\_\_ **FOR:**  **M.PSY.**  **TRANSITIONAL DIPLOMA**  
 (yyyy—mm—dd)

**CONTACT INFORMATION:**

First/Given Name:		Middle Name(s):	
Surname/Last Name		E-Mail:	
Street and Number:		Apartment:	
City:		Province/State:	
Postal Code/ZIP:		Country:	
Home Phone:		Business Phone:	
Mobile Phone :		Alternate E-mail:	

**BACKGROUND INFORMATION:**

**Educational Background** – List all Degrees/Diplomas (Minimal Requirement is an undergraduate bachelor’s degree.) *NOTE: Request a transcript from each of these institutions, to be sent directly to Adler GPS.*

INSTITUTION	FIELD OF STUDY	DEGREE	YEAR

**Professional Certifications** – List any government-regulated or peer licenses or certifications.

AWARDING ORGANIZATION	FIELD	DESIGNATION	YEAR

**Letters of reference** – List three individuals who have agreed to send a letter recommending you to the program. Please instruct referees to write on their own letterhead directly to Adler GPS.

NAME OF REFEREE	EMAIL ADDRESS	RELATIONSHIP	HOW LONG?

This program is offered under the written consent of the Minister of Training, Colleges and Universities for the period from 25 January 2011 to 24 January 2016. Prospective students are responsible for satisfying themselves that the program and the degree will be appropriate to their needs (e.g. acceptable to potential employers, professional licensing bodies or other educational institutions.)

## MORE ABOUT YOU

Please attach your CV or resumé and a 500-word letter explaining your interest in the Adler program and why you believe this degree or diploma is right for you. Also mention any other study, life experiences, activities or achievements that give you joy, pleasure or satisfaction.

*Be sure to sign and date the letter.*

Please answer all the questions below:

- Where did you learn about the Program?

Information Session     Adler Grad or Student     Colleague or Supervisor     Internet

Email     Conference/Meeting \_\_\_\_\_ (please specify)

Other \_\_\_\_\_ (please specify)

- Are you currently providing any psychological services as part of or all of your professional activity?

YES     NO    If "YES", describe briefly:

\_\_\_\_\_

- Please check area(s) indicating how you plan to utilize the skills and knowledge you will gain:

advance in my present job     meet needs of present clients     improve knowledge

qualify for a new career     qualify for Psychological Associate     add new skills

Other \_\_\_\_\_ (please specify)

<b>Applicant Signature:</b>	
<b>Date :</b>	<i>(Insert your name or electronic signature. This will be considered official unless you notify us in WRITING within 48 hours.)</i>

- ❖ Please submit this COMPLETED Application to: **Office of Admissions**  
 By email to: [admissions@adler.ca](mailto:admissions@adler.ca)  
 By postal mail to: Adler Graduate Professional School  
 890 Yonge Street, 9<sup>th</sup> Floor  
 Toronto, ON M4W 3P4  
 By fax to: 416-923-9017
- ❖ Remember to make a copy for your own files.
- ❖ \$75 Application fee required and payable to **Adler School**. See Admission Checklist for payment options.
- ❖ You will be informed when your application file is complete.

FOR OFFICE USE ONLY

<b>Date received :</b> _____ y y y y - m m - d d <b>Date scanned/ filed:</b> _____ y y y y - m m - d d	<b>Notes:</b>  Signature: _____
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