

Master of Psychology (Clinical) Supplement to International Application Form

- Please provide all information as requested in this supplement document, and in the parent International Student Application form. Please print clearly and tick appropriate boxes. Complete applications must be submitted by the published due date to be considered for admission in the requested study period.
- Please send your Referee Reports to two nominated Referees and have them complete and forward to Professor Mary Katsikitis to accompany application. **Please ensure that they are printed separately for two different referees** (proforma referee reports attached to this form for your use).

PERSONAL DETAILS

NAME

Title (eg Mr, Mrs, Ms) Family Name / Surname Given Name/s

 Sex: Male Female

Previous Name/s (if applicable)

DATE OF BIRTH EMAIL

Day Month Year

INTERNATIONAL STUDENT APPLICATION FORM

Have you completed the University of the Sunshine Coast International student application form?
 Yes No

Have you submitted documentary evidence of your qualifications, and language proficiency if English is not your first language, as required for your application?
 Yes No

An application for the Master of Psychology (Clinical) comprises the 'International Student Application form', the 'Master of Psychology (Clinical) Supplement to International application' form, and all requested supporting documentation.

PROGRAM DETAILS

Please indicate the year you wish to commence (eg. 2007): Semester 1

Relevant Work Experience

Employer / Institution	Period	Position / Duties

SUBMIT TO:
Professor Mary Katsikitis
Faculty of Arts and Social Sciences

Return address:
 Faculty of Arts and Social Sciences
 University of the Sunshine Coast
 Maroochydore DC QLD 4558



Master of Psychology (Clinical) Referee Report II

For Academic Referee: Please comment on the applicant's performance which you have observed during for example supervision, assessment, thesis research. Please also comment on applicant's suitability to undertake and complete a postgraduate course with regard to placement, research and coursework.

For Professional Referee: Please comment on the applicant's suitability to practice as a Clinical Psychologist. Please also comment on the applicant's performance which you may have observed with regard to supervision, provision of psychological focussed strategies and/or research.

Name of Applicant _____

I am producing an academic referee report Yes No

I am producing a professional referee report Yes No

Referee Details

Title	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Name of Referee
	A/Prof <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>		

Contact Telephone Numbers:	Business Hours	After Hours / Home
	Mobile	

Institutional Name and Address

Postcode

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Professional Relationship to Applicant (Research supervisor, Examiner of Honours Thesis, Lecturer, Placement Supervisor etc)

Referee Report
 Attach Additional Information if Necessary

Signature _____ Date _____

Please rate the applicant's suitability to undertake and complete a Postgraduate Masters of Psychology (Clinical) course.

1. Highly recommended 2. Recommended 3. Suitable 4. Not Suitable

OFFICE USE ONLY – FACULTY

Decision by Faculty Approved Not Approved

Completed Undergraduate Degree

Other (please specify) _____

Basis of Admission 31 (Previous degree)

Program Coordinator's
Signature _____ Date _____

Dean / Dean's Delegate's
Signature _____ Date _____

CREDIT TRANSFER ADVICE

If studies from more than one institution have been considered, please indicate the institution from which the majority of Credit Transfer was awarded (required for DEEWR reporting purposes). Please give specific USC course code and code for each Credit to be awarded.

Credit Transfer granted: _____

Major source of Credit (eg. RMIT): _____

OFFICE USE ONLY – INTERNATIONAL RELATIONS

Has the applicant met the English language proficiency requirement?

Not applicable Satisfied _____ Not Satisfied
(Basis on which proficiency in English is satisfied)

Academic Level Completed _____

Comments _____

Assessor's Signature _____ Date _____

Application entered	Admit & BASAD	Credit Transfer processed	USCCentral Password created	Acknowledgment/early offer letter sent	Offer package sent	Action staff

Follow up required:

*Accreditation submitted to APAC