



**KEAN**  
UNIVERSITY

**APPLICATION PACKET FOR**  
**PSYCHOLOGY AND PSYCHIATRIC REHABILITATION**  
**DUAL MAJOR**

Program Coordinator  
Sharon Boyd-Jackson, Ph.D.  
Psychology Department  
EC-226E, (908) 737-5877  
Email: [sharonj@kean.edu](mailto:sharonj@kean.edu)

## **PSYCHOLOGY AND PSYCHIATRIC REHABILITATION ADMISSION APPLICATION CHECKLIST**

\_\_\_\_\_ **completed application form**

\_\_\_\_\_ **completed personal statement**

\_\_\_\_\_ **First letter of recommendation** \_\_\_\_\_  
Name of reference

\_\_\_\_\_ **Second letter of recommendation** \_\_\_\_\_  
Name of reference

\_\_\_\_\_ **College transcripts from:**

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Name of school

**Completed package was mailed on** \_\_\_\_\_  
Date sent



Dear Potential Student:

Thank you for your interest in our **Bachelor of Science Dual Major in Psychology and Psychiatric Rehabilitation**. This is a joint program sponsored by Kean University and the Rutgers University School of Health Related Professions. We accept students twice a year. Our application deadline is **October 15<sup>th</sup> for admission to the spring semester and April 1<sup>st</sup> for admission to the fall semester**. You must be admitted to Kean before you can apply to this program. Please submit the following information to Dr. Sharon Boyd-Jackson in the School of Psychology:

- 1) A completed application form
- 2) A completed personal statement as specified
- 3) Two (2) letters of recommendation in sealed and signed envelopes (*or make sure you provide stamped, addressed envelopes to be sent directly to the School of Psychology as shown below. Or you can send the sealed and signed letters with your application.*)
- 4) Official college transcripts from all schools attended. **You must also send your Kean transcript which you can print from Keanwise.**

**All information should be sent to:**

Dr. Sharon Boyd-Jackson, Program Coordinator  
Kean University, School of Psychology  
Room # EC-226E  
1000 Morris Avenue, Union, NJ 07083

If you have any questions, please feel free to contact Dr. Sharon Boyd-Jackson in the School of Psychology at **(908) 737-5877, email: sharonj@kean.edu**

\*\*\*\*\*

**\*Attention Transfer Students:**

*Please be advised that all transfer students must receive an acceptance letter of admission to Kean before applying to this program. However, transfer students may check Psychiatric Rehabilitation as their **intended major** when applying to Kean University admissions office.*

*Once you have been admitted to Kean you will need to follow steps one through four above. **You cannot become a declared major until you complete this application and receive an acceptance letter from the School of Psychology.***

**You are responsible for making certain all materials are received before the deadline date (either April 1<sup>st</sup> for Fall semester admission or October 15<sup>th</sup> for Spring semester admission.)**

Sincerely,

Sharon Boyd-Jackson, Ph. D.  
Program Coordinator, Psychiatric Rehabilitation



**B. S. IN PSYCHOLOGY AND PSYCHIATRIC REHABILITATION  
APPLICATION FOR ADMISSION  
TYPE OR PRINT IN INK**

**DATE:** \_\_\_\_\_

Please be sure to sign at the end of this application

1. Full Name Mr.  
Mrs.  
Miss  
Ms. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST (family) FIRST M.I.

If information needed to process this application is located under a different name, please place such name(s) in the space provided below:

\_\_\_\_\_  
LAST FIRST M.I.

2. PERMANENT ADDRESS  
AND TELEPHONE

\_\_\_\_\_  
NUMBER & STREET CITY

\_\_\_\_\_  
COUNTY STATE ZIP

\_\_\_\_\_  
HOME PHONE BUSINESS or CELL PHONE

\_\_\_\_\_  
EMAIL ADDRESS

3. PREFERRED MAILING  
ADDRESS (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
STREET NUMBER AND NAME

\_\_\_\_\_  
CITY STATE ZIP

4. IDENTIFICATION  
INFORMATION \_\_\_\_\_ ( \_\_\_\_\_ )

\*\* SEX \*\* BIRTHDAY (MONTH, DAY, YEAR) SOC. SECURITY #

Kean University - Psychology Department

**\*\*ETHNIC IDENTIFICATION: (CHECK ONE)**

- |  |  |
|--|--|
| <input type="checkbox"/> AMERICAN INDIAN                                   | <input type="checkbox"/> COMMONWEALTH PUERTO RICAN |
| <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT AND<br>PACIFIC ISLANDER | <input type="checkbox"/> MEXICAN AMERICAN          |
| <input type="checkbox"/> U.S. BLACK, NON-HISPANIC                          | <input type="checkbox"/> CUBAN                     |
| <input type="checkbox"/> OTHER BLACK, NON-HISPANIC                         | <input type="checkbox"/> OTHER HISPANIC            |
| <input type="checkbox"/> MAINLAND PUERTO RICAN                             | <input type="checkbox"/> CAUCASIAN, NON-HISPANIC   |
|  | <input type="checkbox"/> OTHER (SPECIFY) _____     |

**ARE YOU A VETERAN OF THE ARMED FORCES? (CHECK ONE)**

\_\_\_\_NO  
\_\_\_\_YES

DATES OF SERVICES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Mo/day/yr) (Mo/day/yr)

**\*\*CITIZENSHIP:**

PLACE OF BIRTH \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_

COUNTRY OF CITIZENSHIP (if not U.S.) \_\_\_\_\_

FOREIGN STUDENT \_\_\_\_\_ REFUGEE \_\_\_\_\_ PERMANENT RESIDENT \_\_\_\_\_

VISA CLASSIFICATION \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ALIEN REGISTRATION NUMBER \_\_\_\_\_ PASSPORT EXPIRATION DATE \_\_\_\_\_

6. **\*\*Do you have any disabilities? \_\_\_\_\_yes \_\_\_\_\_no:** In connection with the efforts to assure compliance with Section 504 of the Rehabilitation Act of 1973, you may wish to indicate any disability which you have and describe services you are currently receiving and/or may require in order to perform successfully in the professional program for which you are applying. If you respond to this item, please attach a supplemental page.

7. List all jobs and voluntary or military experiences. Account for all time that has elapsed since graduating from high school. Attach an additional page if necessary.

NAME & ADDRESS OF EMPLOYER	JOB TITLE	DATES FROM-TO HEALTH RELATED (CHECK)
_____		
_____		

8. Provide information regarding academic pursuits. List most recent college attended first, include high school or equivalency (GED). Attach an additional page if necessary.

INSTITUTION, CITY, STATE	DATES	DEGREE
_____		
_____		

**\*\*Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not affect the status of this application. However, all other questions must be answered.**

**Please be advised that any false statements, material omissions or inaccuracies will automatically disqualify the applicant from consideration.**

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**BACHELOR OF SCIENCE IN  
PSYCHOLOGY AND PSYCHIATRIC REHABILITATION**

**PERSONAL STATEMENT OF  
EDUCATIONAL AND CAREER GOALS**

**NAME:** \_\_\_\_\_

**SS#** \_\_\_\_\_

Write an essay stating your reasons for pursuing this degree and career. Summarize any experience you may have which is paid and volunteer, or any work you may have done. Please specify if your work is in the field of mental health and/or psychiatric rehabilitation. Include an explanation of your career goals. Please use a separate sheet to complete your personal statement. You must fill out this sheet, sign and attach this form to your personal statement.

**DO NOT USE THIS – USE A SEPARATE SHEET OF PAPER TO TYPE YOUR  
PERSONAL STATEMENT AND ATTACH TO THIS FORM**

\*\*\*\*\*  
My signature below attests to my acknowledgement that the attached statement I created is a true and credible account of my educational and career goals.  
\*\*\*\*\*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RECOMMENDATION FORM**

**PART A - To Be Completed by Student** – Please be sure that the individuals you choose to provide a letter of recommendation will be professionals who can attest to your academic abilities. One of your letters may come from a professional that can attest to your work experience. **However, academic letters may carry more weight.**

(Print or Type)

**Student Name** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ I waive my right to see this recommendation.

\_\_\_\_\_ I do not waive my right to see this recommendation.

**Signature X** \_\_\_\_\_

\*\*\*\*\*

**PART B - To Be Completed by Reference**

The above named student has applied to the Psychology and Psychiatric Rehabilitation Dual Major Program at Kean and Rutgers University. Please complete this recommendation form regarding your knowledge of the applicant’s academic abilities. **Please type your response on professional letterhead.** Thank you.

**Person Providing Reference** \_\_\_\_\_

Title/Position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

**YOUR COMMENTS ARE VERY IMPORTANT**

Please attach a letter to this form to discuss the reasons you recommend this student for admission to this program. Address the following areas if applicable:

*Academic abilities, maturity level, organizational skills, interpersonal skills and communication ability, and any experience in mental health or psychiatric rehabilitation.*

**Please make certain you type your response on professional letterhead, date and sign this form as indicated below. In addition, please enclose your letter in a sealed envelope and sign across the seal.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

**DUE BY: April 1<sup>st</sup> for Fall Admission; October 15<sup>th</sup> for Spring Admission – SEND TO:  
Dr. Sharon Boyd-Jackson, Kean University, East Campus-226E, 1000 Morris Avenue, Union, NJ 07083**

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\_\_\_\_\_

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**Signature X** \_\_\_\_\_

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