



40 Avon Street
 Keene, New Hampshire 03431-3516
 www.antiochne.edu admissions@antiochne.edu
 800.552.8380 Fax: 603.357.0718

For Admissions Office:

APPL. INFO: ACTION:
 Rec'd date Ini. Adm. Off.
 Fee paid (amt.) Date
 cash DEPOSIT:
 check Date Due
 Date Paid

Application for Master's Admission

Application for doctoral programs are available at www.antiochne.edu or at 800.552.8380 upon request.

Applicant's Name _____ Nickname _____
Last First Middle

Address _____
Street City State Zip Code

Telephone: home _____ work _____ cell _____
Area Code and Number Area Code and Number Area Code and Number

Email _____ Date _____

Department and Program to which you are applying:

Applied Psychology

- Clinical Mental Health Counseling (MA)
- Clinical Mental Health Counseling with concentration in Substance Abuse/Addictions Counseling (MA)
- Dance/Movement Therapy and Counseling MA Certificate MEd
- Marriage and Family Therapy (MA)

Education

- Elementary Teacher Certification (MEd)
 - Arts and Humanities Science and Environmental Education With Early Childhood Certification
- Waldorf Teacher Education
 - Year-round Program
 - MEd with Elementary Certification MEd without Elementary Certification Waldorf Certificate
 - Summer Sequence Program Elementary Focus MEd Elementary Focus Waldorf Certificate Experienced Waldorf Educators
- Experienced Educators Program (MEd) Year-Round Programs
 - Professional Development Critical Skills Autism Spectrum Disorders Certificate Principal Certification
- Experienced Educators Summer Programs
 - Educating for Sustainability (MEd) Post-Master's School Principal Certificate

Environmental Studies

- Conservation Biology (MS) Environmental Advocacy and Organizing (MS) Environmental Education (MS)
- Individualized Program (MS) Resource Management and Conservation (MS)
- Science Teacher Certification (MS) High School Biology Middle School General Science

Organization & Management

- Organizational and Environmental Sustainability (MBA)
 - Weekend program Accelerated program

Interdisciplinary Studies (MA)

Entry Date: Summer _____ Fall _____ Spring (January) _____
Year Year Year

Applications for admission, plus credentials, fee, and correspondence should be mailed to:
 Office of Admissions, Antioch University New England, 40 Avon Street, Keene, NH 03431-3516

The application fee of \$50 must accompany this application.

Biographical Sketch

Permanent Address _____
Street City State Zip

Telephone (home) _____ Telephone (work) _____
Area Code and Number Area Code and Number

Date of Birth _____ Sex _____ Age _____ Place of Birth _____
City, State, and Country

*Ethnicity: African-American Asian/Pacific Islands
 Hispanic and other Spanish speaking Native American
 White, European American, Caucasian Other (specify) _____
** Optional. We are required to ask for Federal reporting purposes only.*

Social Security Number _____

U.S. Citizen? Yes No If no, country of citizenship: _____

Are you a permanent resident? Yes No Will you require a visa to study in the U.S.? Yes No

Have you previously applied for or attended any Antioch University New England programs? _____ When? _____

How did you learn about Antioch University New England? _____

Have you attended an Information Session or Visiting Day? Yes No

If yes, please let us know the location and date of the session _____

To which other graduate schools are you applying? _____

Education

Include *every* school attended and all degrees, undergraduate and graduate.

College or University _____

City and State _____ Dates Attended _____

Major/Concentration _____ Degree _____ Credits Earned _____

College or University _____

City and State _____ Dates Attended _____

Major/Concentration _____ Degree _____ Credits Earned _____

College or University _____

City and State _____ Dates Attended _____

Major/Concentration _____ Degree _____ Credits Earned _____

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City and State _____ Dates Attended _____

Major/Concentration _____ Degree _____ Credits Earned _____

College or University _____

City and State _____ Dates Attended _____

Major/Concentration _____ Degree _____ Credits Earned _____

If transcripts will be submitted under different name(s), please indicate:

International Students

International students must submit certified evidence of financial support for their educational and living expenses while at Antioch University New England. Applicants must request from the Office of Admissions the proper form for submitting this certified information. (This information is required in order to complete the I-20 paperwork for obtaining an F-1 student visa.)

Professional/Work Experience

Please submit as a part of this application an up-to-date résumé that includes the following: a) education: formal and informal, dates; b) employment history: position, title, employer, dates; c) publications and honors, dates; d) community, professional and/or extracurricular involvement, dates; and e) travel experience and dates, hobbies, interests.

Recommendations

List the people who will be submitting recommendation forms. Professional and academic recommendations are preferred. Please do not submit recommendations from friends or family. Three recommendations are required; additional are optional. Please use the forms provided.

Recommender's Name _____ Title _____

Work Address _____

Relationship to Applicant _____ Phone _____ Email _____

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Work Address _____

Relationship to Applicant _____ Phone _____ Email _____

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Work Address _____

Relationship to Applicant _____ Phone _____ Email _____

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Relationship to Applicant _____ Phone _____ Email _____

Personal Statement

Please type.

In assessing your candidacy, it is important for us to see a demonstration of written competency, evidence of self-directed learning, and an articulation of your professional and educational goals. In short, tell us about yourself in a 2–3 page personal statement. Personal statements should be typed double spaced and attached to your application. Persons applying through the Alternative Admissions process will address these questions and, in addition, refer to the Personal Statement requirements in the Alternative Admissions brochure.

In this essay, please focus on the following areas:

1. What have been your most significant learning experiences? Please provide some examples.
2. What is your learning style, and how do you go about solving problems?
3. Why are you considering coming to Antioch University New England at this time in your life? What do you hope to get from the experience professionally and personally? What do you have to contribute to Antioch New England and to your field?

For purposes of licensure and certification, there are certain practice limitations imposed on those within the mental health and teaching professions. We ask this question so that we may be able to advise you appropriately. Have you ever been convicted of, or entered a plea for, or do you have charges pending against you for, a crime other than a minor traffic violation? Yes No
If yes, please attach a statement of explanation.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that all the materials submitted become the property of Antioch University New England and are used for admissions purposes only, unless otherwise specified. I also understand that no materials will be returned to me or transferred to a third party.

Applicant's Signature _____ Date _____

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Supplementary Application

MASTER'S PROGRAM IN MARRIAGE AND FAMILY THERAPY

Name _____
Last First Middle

Applicants to the Master's Program in Marriage and Family Therapy are requested to complete this Supplementary Application form in addition to the standard Antioch University New England Application for Admission. Please limit your essay to approximately 300 to 500 words. Use an additional sheet of paper if necessary.

Please return completed Supplementary Application to the Office of Admissions.

1. Our program emphasizes the application of systemic theories to working with individuals, couples, and families. What do you believe would be the major implications of this systemic focus?

2. Our program values diversity of background, perspective, and professional skills. Briefly describe what perspectives or experiences make you unique. How might your unique qualities contribute to classroom dynamics, skills in therapy, and your future career?

You may wish to consult the following references to help in your thinking about systemic theories:

- Becvar, D.S., & Becvar, R.J. (2005). *Family therapy: A systemic integration* (6th Ed.). Boston: Allyn & Bacon.
Napier, A., & Whitaker, C. (1988). *The family crucible: The intense experience of family therapy*. New York: HarperCollins.
Hanna, S.M., & Brown, J.H. (2004). *The practice of family therapy: Key elements across models*. Belmont, CA: Brooks/Cole.

Please be advised that there are certain limitations imposed on those in the mental health profession. After admission, in the process of applying for liability insurance, practica, internships, employment, or licensure, students and/or representatives of the Department of Applied Psychology may be asked to provide information about any criminal history. For example, anyone with a felony conviction may be unable to obtain certain practica, internships, jobs and/or licensure.

I have read this statement in full and I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that all the materials submitted become the property of Antioch University New England and are used for admissions and for department files. I also understand that no application materials will be returned to me or transferred to a third party. An application will not be processed without the signature of the applicant.

Applicant's Signature _____ Date _____





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Recommendation for Graduate Study

Applicant's Name _____

Graduate Department _____ Entry Date _____

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, registered students are given the right to see all references submitted with an application for admission, unless the right to such access has been waived by the statement below. Recommendation letters received by the Admissions Office without the signature of the applicant will be considered confidential.

I hereby Waive Do not waive my right to see this letter of reference.

If you do not waive your right to see this letter of reference, it will be available in the Office of Admissions for three months after your matriculation.

Signature of Applicant _____

Name of Recommender (please type or print clearly) _____

To the Recommender:

The above named individual is being considered for admission to Antioch University New England. Our primary purpose is to provide a personalized, high-quality education based on the integration of work and study. The programs provide graduate training in preparation for professional employment.

Please refer to the back of this form for recommendation guidelines.

Antioch University New England seeks those who hold promise of integrated achievement involving both theory and practice. We are particularly interested in having you address the following in your letter:

1. Knowledge of the person, including how long you have known the applicant and under what circumstances
2. The applicant's academic skills, including written and oral English, analytical and critical thinking, and knowledge of her/his proposed field of study
3. Professional promise, including maturity, self-confidence, and leadership potential
4. Interpersonal style, including capacity for listening, empathy, and being a team player

Please note that we find candid assessments of both the applicant's strengths and areas for improvement to be most helpful. Please attach a letter to this form.

Please return this recommendation form with letter attached in an envelope signed across the seal. Letters may be sent to the applicant for mailing with other application materials to Antioch University New England or directly to the Office of Admissions. Thank you.

Name of Recommender _____

Address _____

Position _____ Organization _____

Relationship to Applicant (e.g., supervisor, teacher, colleague) _____

How many years have you known the applicant? _____

Signature of Recommender _____ Date _____

Please feel free to research Antioch University New England programs at www.antiochne.edu.

Please check appropriate box if you would also like to receive printed information about Antioch University New England.

Master's Programs

Doctoral Program in Clinical Psychology Environmental Studies Marriage and Family Therapy



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Master's Programs

Doctoral Program in Clinical Psychology Environmental Studies Marriage and Family Therapy

Master's Application Materials Checklist

- Application Forms**
Completed, signed, and dated or submitted online
- Application Fee**
- Résumé**
- Personal Statement**
- Three Letters of Recommendation**
Signed across the seal of the envelope
- Supplementary Application**
 - Clinical Mental Health Counseling
 - Dance/Movement Therapy and Counseling
 - Environmental Studies
 - Environmental Studies Teacher Certification Programs
 - Marriage and Family Therapy
 - Waldorf Teacher Education
- Official Transcripts**
In sealed envelopes from all accredited colleges and universities attended