

---

# ANTIOCH UNIVERSITY

NEW ENGLAND

40 Avon Street  
Keene, New Hampshire 03431-3516  
www.antiochne.edu • admissions.ane@antioch.edu

800.552.8380 • 603.283.2130  
Fax: 603.357.0718

## 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.

*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 \_\_\_\_\_

