



**DOCTOR OF PSYCHOLOGY (PSY.D), CLINICAL PSYCHOLOGY**

**READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM**

COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH SUPPORTING DOCUMENTS **(SEE CHECKLIST ON PAGE 2)** TO:

AFFIX RECENT  
PASSPORT SIZE  
PHOTOGRAPH  
HERE

USIU-Africa Admissions Office  
P. O. Box 14634 - 00800  
NAIROBI, KENYA  
Cell: [+254-730] 116 000/300  
Fax: [+254-020] 3606 100  
Email: [admit@usiu.ac.ke](mailto:admit@usiu.ac.ke)  
Web: [www.usiu.ac.ke](http://www.usiu.ac.ke)

**Bio-Data**

<input type="checkbox"/> Mr.	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<input type="checkbox"/> M/s			

Other Name(s)/Maiden name, if any \_\_\_\_\_

**Current Mailing Address**

Street Address	P. O. Box Number
City/Town	State/Province
Zip/Postal	Country
Daytime Phone	Evening Phone
E-mail	

**Personal Information**

Date of Birth:	Month	Day	Year	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Place of Birth	Citizenship		Marital Status		
Identification No. (National ID/Passport)					

**Next of Kin details (*Indicate emergency contact in Nairobi*)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## EDUCATION

PLEASE LIST ALL UNIVERSITIES/COLLEGES ATTENDED IN THE FOLLOWING SECTIONS.

NAME OF UNIVERSITY/COLLEGE	CITY & COUNTRY	YEARS ATTENDED	No. of YEARS SPENT	NAME OF DIPLOMA/ DEGREE AWARDED
		to		
		to		
		to		
		to		

**If employed, please state:**

COMPANY NAME	POSITION (TITLE)	DURATION
_____	_____	_____

### ATTESTATION

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the Admissions Office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that such transcripts become the property of the university and will neither be forwarded to another institution not returned to me. Finally, I acknowledge that completing an application form does not guarantee admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IT IS MANDATORY TO SIGN YOUR APPLICATION FORM BEFORE RETURNING IT TO USIU-AFRICA**

### APPLICATION CHECKLIST

**Have you provided the following?**

- Complete and signed application form (**Please observe deadline**).
- Non-refundable Application Fee (**KShs. 3,000 or US\$ 50**) – No Cash Payments.  
**See Bank account details on the website [www.usiu.ac.ke](http://www.usiu.ac.ke)**
- Official/Original and Copies of all the Degree Certificates and accompanying transcripts for both the Bachelors and Masters Degrees attained. (**Originals will be returned**).
- Your curriculum vitae/resume.
- One (1) recent passport size photograph (write your name on reverse side).
- Copy of National Identity (ID) Card, or Birth Certificate or National Passport.
- A biographical letter, including your past achievements, and reasons you wish to pursue this degree.
- An academic writing sample in APA style of eight to ten pages with references.
- Three (3) letters of recommendation from current or past supervisor, or former lecturers, or other professionals in the mental health field. (**Recommenders must have known the applicant for at least two (2) years**).
- Scheduled interview with Psychology faculty after Admissions process.

**INTERNATIONAL APPLICANTS WILL BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION & PAYMENTS**

**NOTE: \* ONLY COMPLETED APPLICATIONS WILL BE PROCESSED and USIU-AFRICA RESERVES THE RIGHT OF ADMISSION**