

# DANIELS PROGRAM APPLICATION

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

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Liberty Email Address: \_\_\_\_\_

Major/Specialization: \_\_\_\_\_ Hours Complete: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Psychology GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Course	Grade Received	Semester Taken or Anticipated Semester	Professor
PSYC 255			
PSYC 355			
PSYC 440			

If you do not intend on taking any of the above classes, please indicate this below, along with your reason.

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Why would you like to be a member of Liberty University's Daniels Program?

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Why are you a good candidate for this program? \_\_\_\_\_

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Do you intend on going to graduate school (Circle One)?    Yes    No    Maybe

Why or why not?

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If yes, what type of program? \_\_\_\_\_

What are your primary areas of interest as related to your career and/or research goals?

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Please indicate the top three professors who you would like to work with in the program.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Were you on a Daniels Team previously (Circle One)?    Yes    No

If so, please indicate which professor and which team.

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Is there any additional information you would like us to consider regarding your application?

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Please sign and date here, acknowledging that you have honestly answered all of the above questions.

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

**DEADLINE FOR SUBMISSION: APRIL 1<sup>st</sup>**

**Please print and submit a hard copy in Dr. Friberg's mailbox (DeMoss 4008)**