

DANIELS PROGRAM APPLICATION

First Name: _____ M.I. _____ Last Name: _____

Student ID: _____ 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 354			
PSYC 355			
PSYC 440			

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

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

Why are you a good candidate for this program? _____

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

Why or why not?

If yes, what type of program? _____

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

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/team.

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

Please sign and date here, acknowledging that you have answered all of the above questions to the best of your ability.

Signature: _____ Date: _____

DEADLINE FOR SUBMISSION: APRIL 1st