



PRE-EVALUATION APPLICATION FORM (COMPULSORY)

Please read the explanation below before completing the form:

1. It is mandatory for all a applicants to fill this form.
2. Please make sure you indicate **the correct title for the master's program you would like to attend.**
3. In this form, there are two sections that you have to fill in.

First section is to understand whether your bachelor degree is adequate for the master program you are applying to, while the second section is to evaluate your previous experience in this field

NAME / SURNAME:	E-MAIL ADDRESS:
SKYPE ADDRESS:	

Program to apply: Clinical Psychology for Individuals, Families and Organizations
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PART A: List here the courses you attended in your career / Bachelor Degree *Except for t the last column (Notes), all the columns should be filled in by the student. The last column will be filled in by the Academic Board.

Major Areas of Study	Courses /Disciplines Accomplished	ECTS Credits (if available)	Years of Study	Hours of Study (per semester)	Notes* (To be filled by the Academic Board)
Clinical and Dynamical Psychology	1. 2. 3. 4. 5.				
Cognitive and / or Behavioral Psychology	1. 2. 3. 4.				



	5.				
Social Psychology	1. 2. 3. 4. 5.				
Research Methods and Statistics	1. 2. 3. 4. 5.				

PART B: Please list other training / extracurricular activities including non-university activities (Professional Trainings / Courses, Internships, Certificates, Seminars, Jobs etc.)

*Except the last column, all the parts should be completed by the student.

Description of the activity	Hosting Organization	Dates	Total Number of Hours	Notes* (To be completed by the Academic Board)


