

EISNER INSTITUTE FOR PROFESSIONAL STUDIES

Application for Admissions for:

Quarter	Year
Spring _____	_____
Summer _____	_____
Fall _____	_____
Winter _____	_____

Program:

Master of Arts (M.A.) in Psychology:
Elective Area: ___ MFT ___ LPCC

Name: _____
Last First Middle

Mailing Address: _____
Street Address

City State Zip Code

Telephone No.: _____
Home Work Cell

E-Mail: _____

Name of Employer: _____ Job Title: _____

Licensures/Certifications: _____

Social Security No.: _____ Date of Birth: _____

Where did you learn about EIPS?

Unofficial transcripts should be sent in with your application. Upon acceptance, Official transcripts are required.

I hereby certify that the information given in this application is true and accurate. I give permission to EIPS to verify the above if need be.

Dated: _____

Signature: _____

Please include \$75.00 application fee with the completed form.

Mail to:
Eisner Institute for Professional Studies
16133 Ventura Blvd., Ste. 700
Encino, CA 91436
(818) 380-0185