



APPLICATION FOR ENROLLMENT

NAME:	DATE OF BIRTH:	
HOME ADDRESS:		
CITY:	STATE:	ZIP:
HOME/CELL PHONE NUMBER:		EMAIL:

PROFESSIONAL ADDRESS:		
CITY:	STATE:	ZIP:
WORK PHONE:		
PLEASE INDICATE PREFERRED MAILING ADDRESS: <input type="checkbox"/> HOME <input type="checkbox"/> WORK		

COUNTRY OF CITIZENSHIP:	
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE/ETHNICITY:	
<input type="checkbox"/> WHITE/CAUCASIAN	<input type="checkbox"/> NATIVE AMERICAN OR ALASKA NATIVE
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER
<input type="checkbox"/> ASIAN	<input type="checkbox"/> TWO OR MORE RACES
<input type="checkbox"/> HISPANIC OR LATINO	

ACADEMIC TRAINING (FILL IN AS APPLICABLE):

UNDERGRADUATE INSTITUTION:	
DATES ATTENDED:	DEGREE:
GRADUATE INSTITUTION:	
DATES ATTENDED:	DEGREE:
POST-GRADUATE INSTITUTION:	
DATES ATTENDED:	DEGREE:

CLINICAL TRAINING (FILL IN AS APPLICABLE):

INTERNSHIP PROGRAM:
DATES ATTENDED:
RESIDENCY PROGRAM:
DATES ATTENDED:
FELLOWSHIP PROGRAM:
DATES ATTENDED:

PROFESSIONAL WORK EXPERIENCE (FILL IN AS APPLICABLE):

PLACE OF EMPLOYMENT:	
POSITION:	DATES:
PLACE OF EMPLOYMENT:	
POSITION:	DATES:
PLACE OF EMPLOYMENT:	
POSITION:	DATES:

SIGNATURE:	APPLICATION DATE:
-------------------	--------------------------

PLEASE SUBMIT COMPLETED APPLICATION AND THE FOLLOWING ADDITIONAL MATERIALS TO:

**Alison Chandler, Education Programs Coordinator
122 South Michigan Ave, Ste. 1300
Chicago, IL 60603
achandler@chicagoanalysis.org**

- \$100 Application Fee (Non-Refundable) – Checks Made Payable to “Institute for Psychoanalysis”**
- Transcripts from most recent program**
- (2) Letters of reference**
- Brief personal statement (no more than 1 page) explaining interest in the Fundamentals program)**

The Chicago Institute for Psychoanalysis admits students of any race, color, and national or ethnic origin.