



GRADUATE ADMISSIONS OFFICE
1717 S. Chestnut Ave.
Fresno, CA 93702-4709
Phone: 559-453-2016
Fax: 559-453-2100

INTERVIEW VERIFICATION FORM

Name: _____ Date of Birth: _____

Last four digits of Social Security Number: _____

Graduate Program: _____

Campus: Fresno Visalia Bakersfield North Fresno West Hills/Lemoore Online Blended

Name of Program Director/Faculty Advisor: _____

Date of Interview: _____

Individualized MA applicants only:

(Individualized MA applicants will need signatures from their program director and their proposed faculty advisor)

Individualized Masters Program Director: _____ Date: _____

Individualized Masters Advisor: _____ Date: _____

PPS School Counseling/School Psychology applicants only:

(This section is to be completed by the program director)

Prerequisite Courses completed:

- _____ Educational Statistics & Research Design
- _____ Intercultural Communication
- _____ Introduction to Psychology
- _____ Introduction to Counseling Theories
- _____ Child Development
- _____ Psychology of Learning (School Psychology only)

PPS Program Director: _____ Date: _____