



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: \_\_\_\_\_