

THE NEWSCHOOL FOR SOCIAL RESEARCH

HARM REDUCTION PSYCHOTHERAPY CERTIFICATE APPLICATION

APPLICATION PROCEDURE

Applicants interested in the Harm Reduction Psychotherapy certificate program must follow the guidelines on the Harm Reduction Psychotherapy website: www.newschool.edu/nssr/harm-reduction-psychotherapy-certificate-program. Email your completed application and materials to enroll@newschool.edu with the subject line "Harm Reduction Application". The deadline to apply for the program is July 1.

PROGRAM INFORMATION

The term you are applying for begins: Fall 20_____

PERSONAL INFORMATION

PREFIX FIRST NAME MIDDLE NAME LAST NAME

PREFERRED FIRST NAME ALTERNATE FIRST NAME ALTERNATE LAST NAME

BIOGRAPHICAL INFORMATION

Date of Birth: ____/____/____
MM / DD / YYYY

Select: Female Male

Have you served or are you serving in the U.S. Armed Forces: Yes No

Select Citizenship: U.S. Citizen U.S. Legal Permanent Resident Non-U.S. Citizen (International Student)

If you are not a U.S. Citizen, what is your Nation of Citizenship: _____

What languages do you speak, beginning with your first language: _____

U.S. Legal Permanent Residents, please provide your alien registration number on your green card: _____

The university is asked by federal agencies to describe the racial/ethnic backgrounds of our students. In order to respond to these requests, we ask you to answer the following two questions. Your responses are voluntary and will not affect your application in any way.

Are you Hispanic or Latino: Yes No

What is your race (select one or more): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Prefer not to answer

CONTACT INFORMATION

EMAIL ALTERNATE EMAIL MOBILE PHONE NUMBER SKYPE NAME

The New School Admission Office can send text messages to my cell phone: Yes No

MAILING ADDRESS

All correspondence will be sent to this address. Please make sure the university always has your most up-to-date contact information.

Mail should be sent to this address:

Always Until ____/____/____
MM / DD / YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

COUNTRY

PHONE

PERMANENT ADDRESS

Secondary address where we will always be able to contact you.

Is your Mailing Address the same as your Permanent Address?:

Yes No

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

COUNTRY

PHONE

EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE (ENTER THE COUNTRY CODE AND PHONE NUMBER)

EDUCATION INFORMATION

List the institution from which you earned, or expect to earn, your Bachelor's degree (or international equivalent) below. Attach copies of your unofficial transcripts.

SCHOOL 1 NAME

CITY

STATE

COUNTRY

ATTENDED FROM (MM/YYYY)

TO (MM/YYYY)

ANTICIPATED OR ACTUAL GRADUATION DATE (MM/YYYY)

LANGUAGE OF INSTRUCTION

SCHOOL CODE

MAJOR

What is your enrollment status? Currently Enrolled Graduated Not enrolled, did not graduate

What is the degree type? Bachelors degree or international equivalent Associates degree No degree Other _____

List any other colleges you attended below. If you earned a Master's degree, list that institution first. You must provide an unofficial transcript or academic record for each institution reported.

SCHOOL 2 NAME

CITY

STATE

COUNTRY

ATTENDED FROM (MM/YYYY)

TO (MM/YYYY)

ANTICIPATED OR ACTUAL GRADUATION DATE (MM/YYYY)

LANGUAGE OF INSTRUCTION

SCHOOL CODE

MAJOR

What is your enrollment status? Currently Enrolled Graduated Not enrolled, did not graduate

What is the degree type? Master's degree or international equivalent Bachelor's degree or international equivalent Associates degree No degree Other _____

RECOMMENDER

List the name of the recommendation provider who will be submitting a letter. Please have your recommendation provider email the letter as an attachment to enroll@newschool.edu.

FIRST NAME

LAST NAME

CERTIFICATION

I certify that all information in my application (including all supporting documents) is complete, accurate, and my own work. I understand that providing false or misleading information or failing to provide current and complete information can result in a withdrawal of an offer of admission, dismissal, or other disciplinary sanctions. I further understand that neither originals nor photocopies of this application, supporting documents, and other materials received by the Admission office will be returned to me.

SIGNATURE

/
DATE (MM/YYYY)

Have you:

- Signed and dated this form
- Attached copies of your unofficial transcripts or contacted the appropriate schools and arranged for official transcripts to be sent
- Attached your resume, statement of purpose, and copy of your license

Official transcripts from previous institutions can be mailed to:

The New School for Social Research, Office of Admission (GF 300), 79 Fifth Avenue, 5th Floor, New York, NY 10003.

Alternatively, you may email your application and supporting documents to enroll@newschool.edu.

Inquires about the Harm Reduction Certificate and its structure and curriculum should be directed to harmreduction@newschool.edu.