

COLUMBIA UNIVERSITY

The Center for Psychoanalytic Training and Research
1051 Riverside Drive
New York, New York 10032

Application for Admission
AFFILIATE SCHOLARS PROGRAM

Date _____

1. Name _____

2. Office address _____

City State Zip code Telephone _____

3. Home address _____

City State Zip code Telephone _____

4. Email address _____

5. Date of birth (mm/dd/yyyy) _____

6. Please list in chronological order the schools you have attended.

	Name and address of Institution	Dates of attendance	Degree awarded	Year
Undergraduate	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Graduate	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

7. Please outline your teaching experience, current and past, including places and dates.

8. Of what professional societies or organizations are you a member?

9. Please list any awards, honors, or prizes you have received.

10. Names and addresses of two professional references from whom you have requested letters. Please ask that these letters be sent directly to the Psychoanalytic Center by April 30.

1. _____

2. _____

11. Please include a C.V. and a brief statement of your reasons for applying to the Affiliate Scholars Program.