

# Application to Graduate Master of Arts in Psychoanalysis

## Boston Graduate School of Psychoanalysis

• 1581 Beacon Street • Brookline, Massachusetts 02446 •  
• Phone: (617) 277-3915 • Fax: (617) 277-0312 •

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Library Section

- 1.) All books, journals are returned. \_\_\_\_\_ Yes \_\_\_\_\_ No  
2.) All fees paid. \_\_\_\_\_ Yes \_\_\_\_\_ No

Librarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Thesis Chair or Master Paper Faculty Section

#### Thesis

- Thesis is complete and accepted. \_\_\_\_\_ Yes \_\_\_\_\_ No

Thesis Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Master Paper Section

- Paper is complete and accepted. \_\_\_\_\_ Yes \_\_\_\_\_ No

Reader One Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reader Two Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Advisor's Section

- 1.) All course work has been completed. \_\_\_\_\_ Yes \_\_\_\_\_ No  
2.) Completion of Fieldwork form has all necessary signatures. \_\_\_\_\_ Yes \_\_\_\_\_ No

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Fiscal Department Section

- 1.) All tuition, fees and other outstanding debts have been paid. \_\_\_\_\_ Yes \_\_\_\_\_ No

Director of Fiscal Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Aid Department Section

- 1.) Student Loan Exit Counseling has been completed. \_\_\_\_\_ Yes \_\_\_\_\_ Not Applicable

Director of Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar's Section

- 1.) Documentation of completion of thesis is in the student's file. \_\_\_\_\_ Yes \_\_\_\_\_ No  
2.) Three hard bound copies of thesis or master's paper received. \_\_\_\_\_ Yes \_\_\_\_\_ No  
3.) Graduation Fee Paid. \_\_\_\_\_ Yes \_\_\_\_\_ No (Date: \_\_\_\_\_)

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dean's Section

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use:

Graduation Date: \_\_\_\_\_