

Application to Graduate Master of Arts in Psychoanalytic Counseling

Boston Graduate School of Psychoanalysis

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

Student Name: _____ Date: _____
(Student checks with the academic advisor regarding the application process)

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 _____

Fieldwork Coordinator

- 1.) Completion of Practicum and Internship Forms _____ Yes _____ No
2.) Completion of Supervision Forms _____ Yes _____ No

Fieldwork Coordinator's 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: _____

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 Session has been completed. _____ Yes _____ Not Applicable

Director of Financial Aid Signature: _____ Date: _____

Library Section

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

Librarian 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: _____