

Registration Deadline:

December 20th, 2010

Add/Drop Deadline:

January 10, 2011

Registration Packet: Winter Session 2011



Boston Graduate School of Psychoanalysis

• 1581 Beacon Street • Brookline, Massachusetts 02446 • www.bgsp.edu •
• PHONE: (617) 277-3915 • FAX: (617) 277-0312 • EMAIL: KUCZIKM@BGSP.EDU •

Tuition and Fee Schedule – Winter Session 2011

Program Tuition and Fees:

Tuition for Level A Courses Per Credit.....\$500
Tuition for Level B Courses Per Credit.....\$600

Exceptions:

Students who were enrolled in the MAPC (Counseling) program in Spring 2010 do not pay for their first winter session course in Winter 2011.

Students who have completed their Level B coursework, passed their clinical presentation, and received approval from the Dean receive a 70% discount on the per-credit course rate, for courses only (not Directed Research, supervision, Therapy Center fees, or other fees).

Level B students wishing to take the Comparative Course for continuing education credit only may register for a course fee of \$250.

Refund Schedule

Approved drop in writing before the first class meeting 100%
Approved drop in writing before the second week. 65%
Approved drop in writing before the third week. 30%
Drop on or after the fourth class meeting No refund



Level A Winter Session Schedule: 2011

Winter Session 2011	
Class Meeting #	Date
Class 1	Jan. 3-8
Class 2	Jan. 10-15
Class 3	Jan. 17-22
Class 4	Jan 24-29
Class 5	Jan. 31-Feb.5
Class 6	Feb. 7-12

Level B Winter Session Schedule: 2011

Winter Session 2011	
Class Meeting #	Date
Class 1	Jan. 3-8
Fall Class 11 / Winter Class 2	Jan. 10-15
Class 3	Jan. 17-22
Fall Class 12 / Winter Class 4	Jan 24-29
Class 5	Jan. 31-Feb.5
Winter Class 6 / Spring Class 1	Feb. 7-12
February 14th-20 th : No Classes	

**Please note: As indicated above, the Level B Winter Session Calendar overlaps with both Fall 2010 and Spring 2011 schedules.*

Course Offerings - Winter Session 2011

CP 102 Theories of Counseling (3 credits)

Schedule: Mondays 6pm-9pm and Fridays 3pm-6pm

Instructor: Sharp

Meetings: 12 class meetings

This course examines the major contemporary theories of counseling and psychotherapy, how they apply to clinical practice, and their impact on the clinician's use of self in the treatment setting. In addition, the course introduces students to the major theories of personality, prevention modalities, and theories of community mental health. *This course is designed to meet the licensing board's requirement for a course on Counseling Theory.*

This course is designed for first year counseling students.

CP 104 Multicultural Issues in Mental Health Work (3 credits)

Schedule: Mondays and Wednesdays 6pm-9pm

Instructor: Kuczik

Meetings: 12 class meetings

This course emphasizes understanding and respect for the diversity of clients involved in mental health counseling. It explores the definitions of culture in the context of mental health counseling from a multicultural perspective, with regard to ethnicity, race, gender, disability, and sexual orientation. The class further studies culture-specific groups and the impact of racism, sexism, ethnocentrism, and other forms of discrimination. *This course is designed to meet the licensing board's requirement for a course on Social Cultural Foundations.*

This course is designed for second year counseling students.

PT 2600 Comparative Clinical Seminar (1 credit)

Schedule: Fridays 11 am-1pm

Instructor: Guest and BGSP Faculty
Coordinator: Dr. Snyder

Meetings: 6 class meetings

This seminar features psychoanalysts from different schools of thought discussing case material. Five guest psychoanalysts will present a brief overview of their theoretical perspective and discuss a case. On the sixth week we will discuss the five different perspectives in relation to the modern psychoanalytic perspective. Strongly recommended for Level B students and advanced Level A students. Open to others as space permits.

MRS Master's Research Seminar

Schedule: Thursdays 3:30pm-5:30pm

Instructor: Soldz

Meetings: 3 class meetings

This optional course is for those planning on taking the Masters Paper class this spring. It consists of three sessions to get people started on their papers, focusing on developing and refining a research question and research design.

Financial Aid

Students who are taking a course during the winter session are eligible to apply for financial aid to cover their tuition. **The deadline to apply for financial aid for the winter session is December 20th, 2010.** Students with incomplete applications for financial aid after this deadline will be required to make a payment when they register for classes.

Students who wish to apply financial aid funds to their winter session tuition are required to submit the Treatment of Loan Proceeds form and a complete application for financial aid for the 2010-11 academic year.** Any proceeds that exceed the cost of tuition for the 2010-11 academic year will be refunded to the student. The next disbursement date will be during the Spring 2011 semester. There will be no disbursements over the winter session; please budget accordingly.

***Many students submitted a complete financial aid application for the 2010-11 academic year at the start of the Fall 2010 semester. These students are not required to re-submit a financial aid application. However, these students are required to submit a Treatment of Loan Proceeds Form.*

How to Apply:

All students using financial aid funds for the winter session must submit a Treatment of Loan Proceeds Form. This form can be found on page 8.

Students who have not previously applied for financial aid must also submit a complete application for financial aid for the 2010-11 academic year. All required forms and applicable links are available on our website: http://www.bgsp.edu/admissions_fin_aid_2.html#fam.

Checklist to use Financial Aid funds:

- Treatment of Loan Proceeds Form
- Complete Financial Aid application
 - FAFSA
 - Master Promissory Note
 - Cost of Attendance Worksheet
 - Student Loan Request Form
 - Non-Tax Filer Statement (if applicable)
 - Entrance Counseling (1st time borrowers only)

If you have any further questions, please feel free to contact me.

Best wishes for a successful school year,

Ms. Stephanie Woolbert
Director of Financial Aid
financialaid@bgsp.edu

Registration Form

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Student Information	Name			Expected Grad. Date
	Address			
	City		State	Zip
	Home Phone	Cell Phone	Office Phone	Fax
	Email		Optional: DOB	Optional: Race/Ethnicity

___(check) if above information is new and note which has changed

Program (Circle One): **Master's** **MAPC** **Certificate** **Psya. D** **Psya.D P&C** **MA P&C**

Course Information	Course Number:	Course Name:	Tuition
		Please select your courses (X)	
	CP 102 (___)	Theories of Counseling (3 credits)	\$500 per credit <i>\$1500 per course</i>
	CP 104 (___)	Multicultural Issues in Mental Health Work (3 credits)	
	MRS (___)	Master's Research Seminar (No Fee)	
	PT 2600 (___)	Comparative Clinical Seminar (1 credit)	Total: _____ \$600 per credit CE credit only \$250
			Total: _____
		Registration Fee	\$50
		Other (Late fee is 25)	
		Total Due:	

Signatures	<u>Individual Analyst*:</u>
	Signature: _____
	Print Name: _____
	Frequency: _____
	<u>Group Analyst*:</u>
	Signature: _____
	Print Name: _____
	Frequency: _____
Advisor/Fellow:	
Student:	
Finance:	
Registrar:	



Office use only: Analyst Sig. _____ Advisor Sig. _____ Analyst Statement _____ Financial Form _____ Fees OK _____ Paid _____ Courses Entered _____ Initials _____ Add/Drop _____ Adjusted Fees _____ Paid _____ Add/Drop _____ Adjusted Fees _____ Paid _____
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Statement of Analysis

Boston Graduate School of Psychoanalysis

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• Phone: (617) 277-3915 • Fax: (617) 277-0312 •

Individual Analysis

Date _____

At the request of _____
(Name of student)

I herewith specify that he/she is currently in an individual psychoanalysis with me.

Frequency of visits _____

Number of sessions completed since submission of last statement: _____

Total: _____

Analyst's signature _____ Date _____

Please Print _____

Address _____

City _____ State _____ Zip _____

Psychoanalytic Training and Affiliations: _____

Group Analysis

Date _____

At the request of _____
(Name of student)

I herewith specify that he/she is currently in a psychoanalytic group with me.

Frequency of visits _____

Number of sessions completed since submission of last statement: _____

Total: _____

Analyst's signature _____ Date _____

Please Print _____

Address _____

City _____ State _____ Zip _____

Psychoanalytic Training and Affiliations: _____

Treatment of Loan Proceeds

Office of Financial Aid, BGSP and NYGSP

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

Student Information:

Name: _____

Program: _____

Semester/Year: _____

Request for Treatment of Loan Proceeds:

Check one or both:

Apply loan proceeds to **past** balances due: _____

Apply loan proceeds to **future** balances due: _____

If, after the action above is taken, I have a credit balance, by indicating and signing this form, I understand that my student loan proceeds will be applied to balances due other than the current semester. If there is a remaining credit, it will be given to me in the form a proceeds check after signing a "Receipt of Proceeds" form. If there is a remaining balance due, I understand I will be invoiced and the usual good financial standing rules apply.

Student Signature Date

Accepted by:

Director of Financial Aid Date

Credit Card Payment

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Credit Card Payments Are Accepted for Tuition Being Paid in Full

Student Name: _____

Circle one: Master's Counseling Certificate Psya. D P&C OYP Extension

Card Holder Name (if different): _____

Card Holder Address: _____

Amount*: \$ _____

Card Holder Signature: _____

Date: _____

Office Use Only Authorization Code: _____ Date: _____ By: _____

*Some credit card companies have security policies that do not process large transactions, such as tuition payments, unless they have been previously notified by the cardholder that (s)he wishes to make such a payment.

.....
Credit Card Type (circle one) VISA MASTERCARD

Card Number: _____

Expiration Date: _____

Verification Identification Number (VIN): _____
(Last 3 digits on BACK of card)