

BGSP CLINICAL DOCTORATE POST-CERTIFICATE TWO-YEAR PROGRAM
Application for Graduation

Date _____

Student completes the application.

Name _____

Enrolled (date) _____ Completed Coursework (date) _____

1. Academic Background

Degree/Major _____ Year of Graduation _____

Institution _____

Degree/Major _____ Year of Graduation _____

Institution _____

Degree/Major _____ Year of Graduation _____

Institution _____

Office Use Section verified by _____ Date _____

2. Training Analysis Information

A. Analyst _____ # of Sessions _____

Date Started _____ through _____

B. Analyst _____ # of Sessions _____

Date Started _____ through _____

C. Analyst _____ # of Sessions _____

Date Started _____ through _____

Advisor Use Section verified by _____ Date _____
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3. Group Analysis

A. Analyst _____ # of Sessions _____

Date Started _____ through _____

B. Analyst _____ # of Sessions _____

Date Started _____ through _____

C. Analyst _____ # of Sessions _____

Date Started _____ through _____

Advisor Use Section verified by _____ Date _____
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Two Year Program

Is this student a Certified Psychoanalyst Yes_____ No_____

Courses Completed/Passed

187 Ethics	Semester_____
181 Somatic Factors: Psychopharmacology, Neurophysiology...	Semester_____
_____	Semester_____
_____	Semester_____
_____	Semester_____

Research Courses

283a Proposal Writing	Semester_____
284 Qualitative Research	Semester_____
285 Research Practicum	Semester_____
_____	Semester_____

Advisor Use Section verified by _____ Date _____
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Research Advisement

527/528/529/530 Directed Research	Semester_____
527/528/529/530 Directed Research	Semester_____
527/528/529/530 Directed Research	Semester_____
527/528/529/530 Directed Research	Semester_____
527/528/529/530 Directed Research	Semester_____
527/528/529/530 Directed Research	Semester_____
527/528/529/530 Directed Research	Semester_____

Advisor's Section

1.) All course work has been completed as indicated above. (Official Transcript Attached)
_____ Yes _____ No Date _____

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: _____

Library Section

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

Librarian Signature _____ Date _____

