

BOSTON GRADUATE SCHOOL OF PSYCHOANALYSIS
Master of Arts in Psychoanalysis and Culture
Graduation Application

Date _____

Student Name _____

(Student checks with the academic advisor regarding the application process)

Advisor's Section

1.) All course work has been completed as indicated.

_____ Yes _____ No

2.) Completion of Fieldwork form has necessary signature.

_____ Yes _____ No _____ N/A

3.) Analytic Requirement has been met (50 hours minimum).

_____ Yes _____ No

Advisor's Signature _____ Date _____

Thesis Section

Thesis is complete and accepted. _____ Yes _____ No

Chair 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 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 received. _____ Yes _____ No

3.) Graduation Fee Paid. _____ Yes _____ No Date _____

Registrar's Signature _____ Date _____

P&C Program Director's Signature _____ Date _____

Dean's Signature _____ Date _____