

# Application to Graduate Master of Arts in Mental Health 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)

### Analyst's Section

1.) Completed at least 70 hours of training analysis. \_\_\_\_\_ Yes \_\_\_\_\_ No

Analyst's 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 \_\_\_\_\_

### 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's Paper Faculty Section

1.) Thesis or Master's Paper is complete and accepted. \_\_\_\_\_ Yes \_\_\_\_\_ No

Thesis or Master's Paper 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 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: \_\_\_\_\_

Revised: 10/29/14

Office use:

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