

Application Packet

It's Not Just an Education,
It's a Transformative Experience.



**BOSTON GRADUATE SCHOOL OF
Psychoanalysis**

1581 Beacon Street, Brookline MA 02446
tel: 617-277-3915 web: www.bgsp.edu



Admission Requirements

BGSP welcomes applicants with baccalaureate and graduate degrees from all educational backgrounds. Applicants submit to the Admissions Office the completed application, fee, and supporting materials, which include official copies of undergraduate and graduate transcripts, three current letters of reference, a statement about interest in the program to which they are seeking admission, and an academic writing sample. BGSP does not require the Graduate Record Examination (GRE) for admission.

Application Instructions & Deadlines

Please mail the completed application, the \$100 non-refundable application fee, and all supporting materials to the **Admissions Office at Boston Graduate School of Psychoanalysis, 1581 Beacon Street, Brookline, MA 02446**. The Admissions Committee will review applications once all materials have been received.

Fall Admissions Deadline: All materials must be submitted by May 1st.

Spring Admissions Deadline: All materials must be submitted by November 15th.

International Student Instructions

Applicants who are non-native speakers of English submit scores from the Test of English as a Foreign Language (TOEFL). Applicants who were educated outside the United States also submit their academic transcripts to a credential evaluation agency, such as the Center for Education Documentation, Educational Credential Evaluators or World Education Services, in order to allow the Admissions Committee to assess accurately their previous academic work. In addition to the evaluation, official graduate and undergraduate transcripts are also required.



Application **Checklist**

- Application for Admission
- \$100 non-refundable Application Fee
- One-page statement of interest
- 3 Letters of Recommendation with signed waiver forms
(At least one recommendation should be academic and the others should be from professional sources.)

- All official College/University Transcripts

UNDERGRADUATE: _____

GRADUATE: _____

OTHER INSTITUTIONS ATTENDED IN WHICH YOU MAY NOT HAVE EARNED A DEGREE BUT ATTEMPTED OR COMPLETED COURSES:

- Writing Sample (e.g., a term paper, article or essay)

For international applicants only:

- Non-U.S. citizens, please include copy of passport and visa status
- TOEFL scores for non-native speakers of English
- Evaluation from credential equivalency service if educated outside the U.S.

Application for Admission



**BOSTON GRADUATE SCHOOL OF
Psychoanalysis**

ALL MATERIALS SHOULD BE SENT TO: Boston Graduate School of Psychoanalysis, Attention: Admissions, 1581 Beacon Street, Brookline, MA 02446.

PROGRAM

- | | |
|---|---|
| <input type="checkbox"/> MASTER OF ARTS IN PSYCHOANALYSIS | <input type="checkbox"/> DOCTOR OF PSYCHOANALYSIS |
| <input type="checkbox"/> MASTER OF ARTS IN MENTAL HEALTH COUNSELING | <input type="checkbox"/> DOCTOR OF PSYCHOANALYSIS IN PSYCHOANALYSIS & CULTURE |
| <input type="checkbox"/> MASTER OF ARTS IN PSYCHOANALYSIS & CULTURE | <input type="checkbox"/> CERTIFICATE IN PSYCHOANALYSIS |

SEMESTER AND YEAR OF ANTICIPATED ENROLLMENT: _____

ENROLLMENT STATUS: FULL-TIME PART-TIME

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

OTHER NAME: _____ E-MAIL: _____ SEX: MALE FEMALE

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP / POSTAL CODE: _____ COUNTRY: _____

DAY PHONE: (____) - _____ EVENING PHONE: (____) - _____ CELL PHONE: (____) - _____

DATE of BIRTH: ____ / ____ / ____ MARITAL STATUS: _____ SOCIAL SECURITY #: ____ - ____ - ____
MO. DAY YEAR

CITIZENSHIP: U.S. CITIZEN RESIDENT ALIEN NON-RESIDENT ALIEN

IF NON-RESIDENT ALIEN: F-1 (STUDENT) VISA or OTHER VISA (specify) _____

ADDRESS in HOME COUNTRY, if DIFFERENT:

STREET ADDRESS: _____

PROVINCE / TOWN: _____ COUNTRY: _____ POSTAL CODE: _____

TELEPHONE: (____) - _____

NAME of UNDERGRADUATE SCHOOL, DEGREE and DATE: _____

NAME of GRADUATE SCHOOL, DEGREE and DATE: _____

OTHER LEARNING EXPERIENCE: _____

CURRENT EMPLOYMENT: _____

CLINICAL / PROFESSIONAL EXPERIENCE: _____

HOW DID YOU LEARN ABOUT THE BGSP PROGRAMS? _____

NAME OF REFERRAL: _____ EMAIL ADDRESS: _____

TELEPHONE: _____

APPLICANT SIGNATURE: _____ DATE: ____ / ____ / ____
MO. DAY YEAR



Letter of Reference

I hereby waive my rights to access this document under the Family Educational Rights and Privacy Act of 1974 (FERPA). YES NO (Student checks one)

Checking yes signifies that you waive your right to view the reference at any time.

Checking no indicates that you may review the reference.

Give this form to the person who is writing your reference and ask them to send it with your reference.

APPLICANT SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

REFERENCE NAME (PLEASE PRINT): _____

REFERENCE SIGNATURE: _____

DATE: ____ / ____ / ____
MO. DAY YEAR

We prefer reference letters which are typed on official letterhead stationery. When this is not possible, reference letters received that are not on official letterhead stationery will be followed up with a phone call.



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