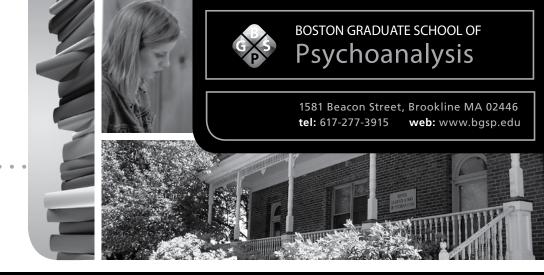
Application Packet

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



Admission Requirements

BGSP welcomes applicants to our Certificate of Advanced Graduate Studies (CAGS) programs with master's degrees from all educational backgrounds. Applicants submit to the Admissions Office the completed application form, 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 admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, national origin, ethnic origin, gender, sexual orientation, disability, age, creed, or employment status in administration of its educational policies, admission policies, scholarship and loan programs, and other School-administered programs.

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: May 1st.

Spring Admissions deadline: November 15th.



Application Checklist

- Application for Admission
- \$100 non-refundable Application Fee
- O One-page statement of interest
- 3 Letters of Recommendation with signed waiver forms
 (At least one recommendation should be from your supervisor, one letter from an academic source, and one from a professional source.)
- O All official College/University Transcripts

UNDERGRADUATE:	
GRADUATE:	
OTHER INSTITUTION:	S ATTENDED:

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





ALL MATERIALS SHOULD BE SENT TO: Boston Graduate School of Psychoanalysis, Attention: Admissions, 1581 Beacon Street, Brookline, MA 02446. **PROGRAM** CERTIFICATE OF ADVANCED GRADUATE STUDY IN CHILD AND ADOLESCENT INTERVENTION CERTIFICATE OF ADVANCED GRADUATE STUDY IN PSYCHOANALYTIC PSYCHOTHERAPY SEMESTER AND YEAR OF ANTICIPATED ENROLLMENT: ENROLLMENT STATUS: FULL-TIME PART-TIME APPLICANT INFORMATION LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: ____ CITY: _____ STATE: ____ ZIP / POSTAL CODE: ____ COUNTRY: ____ DATE of BIRTH: _______ / _____ MARITAL STATUS: ______ SOCIAL SECURITY #: _____ - ____ 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: ____



Letter of **Reference**

I hereby waive my rights to access this	s docur	nent 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.

PLICANT SIGNATURE:		DATE: / / MO. DAY YEAR
ST NAME:	FIRST NAME:	MIDDLE INITIAL:
FERENCE NAME (PLEASE PRINT) :		

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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