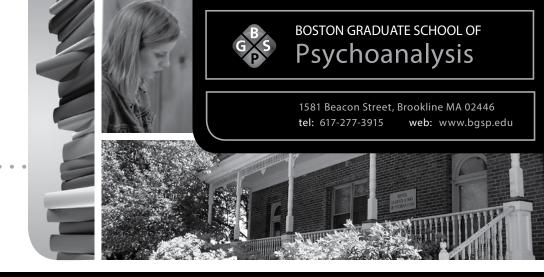
Application Packet

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



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

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

We will accept applications received after the deadlines if we are able to do so.

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
- O \$100 non-refundable Application Fee
- O One-page statement of interest
- O 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: ˌ	
GRADUATE:	
OTHER INSTITUTION	S ATTENDED IN WHICH YOU MAY NOT HAVE EARNED A DEGREE BUT ATTEMPTED OR COMPLETED COURSES:

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

For international applicants only:

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

Application for **Admission**



ALL MATERIALS SHOULD BE SENT TO: Boston Graduate School of Psychoanalysis, Attention: Admissions, 1581 Beacon Street, Brookline, MA 02446. **PROGRAM** MASTER OF ARTS IN PSYCHOANALYSIS DOCTOR OF PSYCHOANALYSIS MASTER OF ARTS IN PSYCHOANALYTIC COUNSELING DOCTOR OF PSYCHOANALYSIS IN PSYCHOANALYSIS & CULTURE CERTIFICATE IN PSYCHOANALYSIS MASTER OF ARTS IN PSYCHOANALYSIS & CULTURE SEMESTER AND YEAR OF ANTICIPATED ENROLLMENT: **ENROLLMENT STATUS:** FULL-TIME PART-TIME APPLICANT INFORMATION LAST NAME: _____ MIDDLE INITIAL: _____ OTHER NAME: E-MAIL: SEX: \square MALE \square FEMALE STREET ADDRESS: STATE: _____ ZIP / POSTAL CODE: _____ COUNTRY: ____ DAY PHONE: () - EVENING PHONE: () - CELL PHONE: () -DATE of BIRTH: / / MARITAL STATUS: SOCIAL SECURITY #: _ - _ -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: 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: _____

DATE: / / /



Letter of **Reference**

I hereby waive my rights to access this	docun	nent under t	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 Checking no indicates that you may review the reference		nce at any time.	

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: / /

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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