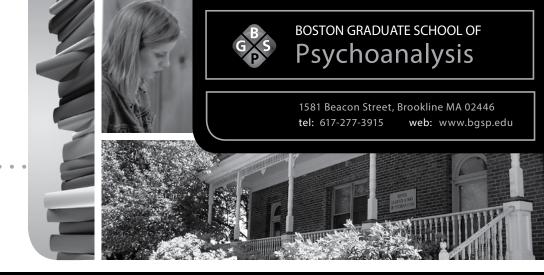
Application Packet

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. BGSP offers admission on a rolling calendar basis. However, we do have priority application deadlines in order to ensure that there is enough time to review your application. We particularly encourage international students to apply by the priority deadline because we are aware of the additional time needed for visa processing.

Priority deadlines: Fall Semester (September start) – May 1st Spring Semester (February start) – 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
- 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: Bos | ton Graduate School of Psycho | oanalysis, Attention: Admis | sions, 1581 Beacon Street, Brook | line, MA 02446. |
|--------------------------------------|-------------------------------|-----------------------------|----------------------------------|----------------------|
| PROGRAM | | | | |
| MASTER OF ARTS IN PSYCHOANALYS | ilS | ☐ DOCTOR OF PSYCH | IOANALYSIS | |
| MASTER OF ARTS IN MENTAL HEALT | H COUNSELING | ■ DOCTOR OF PSYCH | IOANALYSIS IN PSYCHOANALYSI | S, SOCIETY & CULTURE |
| MASTER OF ARTS IN PSYCHOANALYS | SIS, SOCIETY & CULTURE | CERTIFICATE IN PS | YCHOANALYSIS | |
| CAGS - PSYCHOANALYTIC PSYCHOTH | IERAPY | CAGS - CHILD & AD | OLESCENT INTERVENTION | |
| SEMESTER AND YEAR OF ANTICIPATED | ENROLLMENT: ENRO | DLLMENT STATUS: | FULL-TIME PART-TIM | 1E |
| | | | | |
| APPLICANT INFORMATION | | | | |
| LAST NAME: | FIRST | T NAME: | MIDE | LE INITIAL: |
| OTHER NAME: | E-MAIL: | | SEX: | MÆ: FEMÆ: |
| STREET ADDRESS: | | | | |
| CITY: | STATE: | _ZIP / POSTAL CODE: | COUNTRY: | |
| DAY PHONE: () - | EVENING PHONE: (|) - | CELL PHONE: (|) - |
| DATE of BIRTH:/ | MARITAL STATUS: | SOC | CIAL SECURITY #: | <u> </u> |
| CITIZENSHIP: U.S. CITIZEN | RESIDENT ALIEN |)N-RESIDENT ALIEN | | |
| IF NON-RESIDENT ALIEN:1 (STUI | DENT) VISA or 🗌 OTHE | R VISA (specify) | | |
| ADDRESS in HOME COUNTRY, if DIFFE | | | | |
| STREET ADDRESS: | | | | |
| PROVINCE / TOWN: | | COUNTRY: | POSTAL CO | DE: |
| TELEPHONE: (|) - | | | |
| NAME of UNDERGRADUATE SCHOOL, D | EGREE and DATE: | | | |
| NAME $ g$ GRADUATE SCHOOL, DEGREE | and DATE: | | | |
| OTHER LEARNING EXPERIENCE: | | | | |
| CURRENT EMPLOYMENT: | | | | |
| CLINICAL / PROFESSIONAL EXPERIENCE | : | | | |
| HOW DID YOU LEARN ABOUT THE BGSP | PROGRAMS? | | | |
| | | | | |
| | | | | |



Letter of **Reference**

| I hereby waive my rights to access this | docun | nent under 1 | 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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