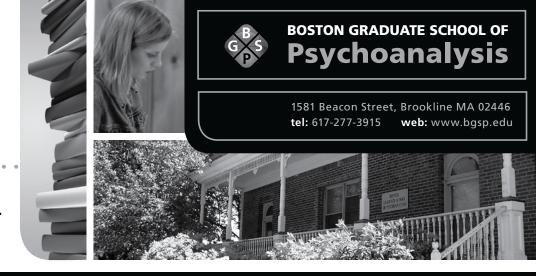
Application Packet

It's Not Just an Education,

It's a Transformative Experience.



Admission Requirements

Accelerated Doctor of Psychoanalysis

BGSP welcomes applicants who have earned a post-master's certificate in psychoanalysis. We expect applicants to have already earned the equivalent of at least 36 credits of post-master's psychoanalytic coursework. Applicants submit to the Admissions Office the completed application form, fee, and supporting materials which include official copies of certificate, undergraduate, and graduate transcripts, two current letters of reference, a statement about interest in this program, documentation of completed hours of training analysis, and a qualifying paper.

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
- One-page statement of interest
- 2 letters of Recommendation with signed waiver forms
 (At least one recommendation should be from the analytic institute you attended, and the other should be from an academic/professional source.)
- All Official College/University Transcripts

PSYCHOANALYTIC CERTIFICATE TRAINING: (INDICATING COMPLETION OF TRAINING)	
UNDERGRADUATE:	
GRADUATE:	

- O Documentation of at hours of training analysis completed, minimally 300 hours (this should be from the analytic institute attended for certificate training)
- Qualifying paper: applicants submit a copy of their final paper or final capstone experience in their post-graduate certificate in psychoanalysis program.

Application for **Admission**



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

PROGRAM ☐ ACCELERATED DOCTOR OF PSYC	HOANALYSIS				
SEMESTER AND YEAR OF ANTICIPATED ENROLLMENT:		ENROLLMENT STATUS:	FULL-TIME PART-TIME		
APPLICANT INFORMATION					
LAST NAME:	F	RST NAME:	MIDDLE	INITIAL:	
OTHER NAME:	E-MAIL:		GENDER: Male	Female Other	
STREET ADDRESS:					
CITY:	STATE:	ZIP / POSTAL CODE:	COUNTRY:		
CELL PHONE () -	номе рнопе:) -	WORK PHONE ()	_	
DATE of BIRTH:	RELATIONSHIP STATUS	j:	SOCIAL SECURITY #:	- <u> </u>	
NAME of UNDERGRADUATE SCHOOL	L, DEGREE <i>and</i> DATE of GRADUATI	ON:			
NAME g GRADUATE SCHOOL, DEGRE	EE and DATE of GRADUATION:				
NAME of PSYCHOANALYTIC INSTITUTE	E and DATE of GRADUATION:				
CURRENT EMPLOYMENT:					
CLINICAL / PROFESSIONAL EXPERIEN	NCE:				
HOW DID YOU LEARN ABOUT THE BG	SP PROGRAMS?				
APPLICANT SIGNATURE:		DATE:	DAY VEAD		



Letter of **Reference**

REFERENCE SIGNATURE:

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Checking yes signifies that you waive your right to vion Checking no indicates that you may review the referous this form to the person who is writing your refe	ence.	•		
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APPLICANT SIGNATURE:			DATE: / / MO. DAY YEAR	
LAST NAME:	FIRST NAME:		MIDDLE INITIAL:	
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REFERENCE 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.



Letter of **Reference**

REFERENCE NAME (PLEASE PRINT) :

REFERENCE SIGNATURE:

and Privacy Act of 1974 (F	ERPA).	YES	□ NO	(Student checks o	ne)		
Checking yes signifies that you waive y Checking no indicates that you may re Give this form to the person who is wi	view the referen	ce.	•				
APPLICANT SIGNATURE:	•••••	• • • • •	••••	DATE:	/	/	
LAST NAME:	F	IRST NAME:		MIDDLE	MO. DAY YEAR MIDDLE INITIAL:		
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I hereby waive my rights to access this document under the Family Educational Rights

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