

# 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](http://www.bgsp.edu)



## 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: \_\_\_\_\_
- 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



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

ACCELERATED DOCTOR OF 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: \_\_\_\_\_ GENDER: Male  Female  Other

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP / POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

CELL PHONE ( ) - \_\_\_\_\_ HOME PHONE: ( ) - \_\_\_\_\_ WORK PHONE ( ) - \_\_\_\_\_

DATE of BIRTH: / / \_\_\_\_\_ MO. DAY YEAR RELATIONSHIP STATUS: \_\_\_\_\_ SOCIAL SECURITY #: - - \_\_\_\_\_

NAME of UNDERGRADUATE SCHOOL, DEGREE and DATE of GRADUATION: \_\_\_\_\_

NAME of GRADUATE SCHOOL, DEGREE and DATE of GRADUATION: \_\_\_\_\_

NAME of PSYCHOANALYTIC INSTITUTE and DATE of GRADUATION: \_\_\_\_\_

CURRENT EMPLOYMENT: \_\_\_\_\_

CLINICAL / PROFESSIONAL EXPERIENCE: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THE BGSP PROGRAMS? \_\_\_\_\_

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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DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MO. DAY YEAR

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

REFERENCE NAME (PLEASE PRINT): \_\_\_\_\_

REFERENCE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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