

# 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

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, two 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 application deadlines in order to ensure that there is enough time to review your application.

Application deadlines: Fall Semester (September start) – May 1st Spring Semester (February start) – November 1st

## 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
- \$100 non-refundable Application Fee
- One-page statement of interest
- 2 Letters of Recommendation with signed waiver forms  
(Recommendations should be from academic and/or professional sources.)

- All official College/University Transcripts

UNDERGRADUATE: \_\_\_\_\_

GRADUATE: \_\_\_\_\_

OTHER INSTITUTIONS ATTENDED IN WHICH YOU MAY NOT HAVE EARNED A DEGREE BUT ATTEMPTED OR COMPLETED COURSES:

\_\_\_\_\_

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

### **For international applicants only:**

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

# 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

- |  |  |
|--|--|
| <input type="checkbox"/> MASTER OF ARTS IN CLINICAL MENTAL HEALTH COUNSELING | <input type="checkbox"/> DOCTOR OF PSYCHOANALYSIS IN PSYCHOANALYSIS, SOCIETY & CULTURE |
| <input type="checkbox"/> MASTER OF ARTS IN PSYCHOANALYSIS                    | <input type="checkbox"/> CERTIFICATE IN PSYCHOANALYSIS                                 |
| <input type="checkbox"/> MASTER OF ARTS IN PSYCHOANALYSIS, SOCIETY & CULTURE | <input type="checkbox"/> CAGS - PSYCHOANALYTIC PSYCHOTHERAPY                           |
| <input type="checkbox"/> DOCTOR OF PSYCHOANALYSIS                            | <input type="checkbox"/> CAGS - CHILD & ADOLESCENT INTERVENTION                        |

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

CITIZENSHIP:  U.S. CITIZEN  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: \_\_\_\_\_

PROVINCE / TOWN: \_\_\_\_\_ 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? \_\_\_\_\_

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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APPLICANT SIGNATURE: \_\_\_\_\_

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

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

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

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

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

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

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