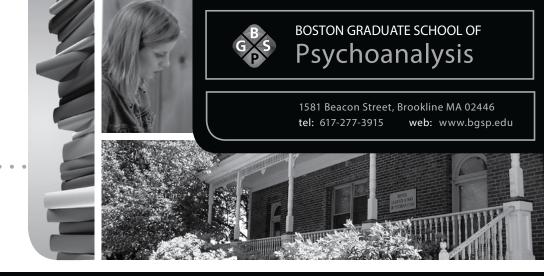
Application Packet

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, 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 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 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
- O \$100 non-refundable Application Fee
- O 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 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**

APPLICANT SIGNATURE:



ALL MATERIALS SHOULD BE SENT TO: Boston Graduate School of Psychoanalysis, Attention: Admissions, 1581 Beacon Street, Brookline, MA 02446.							
PROGRAM							
MASTER OF ARTS IN MENTAL HEALTH COUNSELING		YCHOANALYSIS IN PSYCHOANALYSIS, SOCIETY & CULTURE					
MASTER OF ARTS IN PSYCHOANALYSIS	-	CERTIFICATE IN PSYCHOANALYSIS					
MASTER OF ARTS IN PSYCHOANALYSIS, SOCIETY & CULTU	RE CAGS - PSYCHO	NANALYTIC PSYCHOTHERAPY					
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 PI	HONE: () -	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?							



Letter of **Reference**

REFERENCE SIGNATURE:

•	my rights to access t t of 1974 (FERPA).	his docun	nent under □ NO	(Student checks one)	•
Checking no indicates	that you waive your right to v that you may review the refer erson who is writing your refe	rence.	,	with your reference.	
• • • • • • • • • • • • • • • • • • • •		• • • • • •		• • • • • • • • • • • • • • • • • • • •	
APPLICANT SIGNATURE: _				DATE:	D. DAY YEAR
LAST NAME:		FIRST NAME:		MIDDLE INI	TIAL:
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.



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• • • • • • • • • • • • • • • • • • • •		• • • • • •		• • • • • • • • • • • • • • • • • • • •	
APPLICANT SIGNATURE: _				DATE:	D. DAY YEAR
LAST NAME:		FIRST NAME:		MIDDLE INI	TIAL:
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