

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



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 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
- \$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

- MASTER OF ARTS IN MENTAL HEALTH COUNSELING DOCTOR OF PSYCHOANALYSIS IN PSYCHOANALYSIS, SOCIETY & CULTURE
 MASTER OF ARTS IN PSYCHOANALYSIS CERTIFICATE IN PSYCHOANALYSIS
 MASTER OF ARTS IN PSYCHOANALYSIS, SOCIETY & CULTURE CAGS - PSYCHOANALYTIC 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 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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MO. DAY YEAR

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