



Graduation Application

Office of the Registrar

Student Name: _____

Print your name **EXACTLY** as you wish to have it appear on your diploma

Expected date of graduation:

- December
- June
- August

Walking in Ceremony

Clinical Psychology

- PsyD –Clinical Psychology
- Graduate Certificate – Respecialization

School Psychology

- PsyD –School Psychology
- MA –School Psychology
- MA –Applied Behavior Analysis
- CAGS –School Psychology
- School Climate and Social Emotional Learning

Clinical Mental Health Counseling

- MA – Clinical Mental Health Counseling

Emphasis

- Forensic and Correctional Counseling
- Health Behavioral Medicine
- Expressive Arts Therapy
- Couples and Family Therapy

Leadership Psychology

- PsyD –Leadership Psychology
- MA – Organizational Psychology
- Graduate Certificate – Executive Coaching

Concentrations

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Children & Families of Adversity & Resilience | <input type="checkbox"/> Forensic Psychology |
| <input type="checkbox"/> Talent Management | <input type="checkbox"/> Clinical Health Psychology |
| <input type="checkbox"/> Latino Mental Health | <input type="checkbox"/> African & Caribbean Mental Health |
| <input type="checkbox"/> Military & Veterans Psychology | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Global Mental Health | <input type="checkbox"/> Geropsychology |

Address After Graduation: _____

Personal Email: _____ Phone #: _____

I acknowledge that all outstanding balances must be paid in full by May 15 (for June graduation). Failure to do so will prevent participation in commencement, conferral of degree, awarding of diploma and access to official transcript(s)

Print Student Name

Date