



Graduation Application

Office of the Registrar

First _____ Middle _____ Last _____
(Print your Legal name exactly as you wish to have it appear on your diploma)

Expected date of graduation:

- ☐ Fall
☐ Spring
☐ Summer

Walking in Ceremony ☐ Yes ☐ No

Final Day in the Field _____

☐ **Bachelor of Science in Psychology and Human Services**

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

Counseling & Behavioral Health Department

- ☐ MA – Clinical Mental Health Counseling
☐ MA in Psychology

Emphasis

- ☐ Forensic and Correctional Counseling
☐ Health Behavioral Medicine
☐ Couples and Family Therapy
☐ Substance Use and Addictions

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 |
| <input type="checkbox"/> Educational Leadership (<i>Open to Students in Organizational Psychology Program Only</i>) | <input type="checkbox"/> Asian Mental Health |
| <input type="checkbox"/> Leading Non-Profits and NGOs (<i>Open to Students in Organizational Psychology Program Only</i>) | <input type="checkbox"/> LGBTQIA+ Studies |
| <input type="checkbox"/> Neuroscience of Leadership (<i>Open to Students in Organizational Psychology Program Only</i>) | |
| <input type="checkbox"/> Substance Use and Addiction Counseling (SUA) (<i>Open to Students in Clinical Mental Health Program Only</i>) | |

Address After Graduation: _____

Personal Email: _____ Phone #: _____

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

Student Signature

Date

Email: registrar@williamjames.edu

Phone: 617-564-9393 Fax: 617-477-2030