WILLIAM JAMES COLLEGE
GRADUATE EDUCATION IN PSYCHOLOGY

One Wells Avenue
Newton, Massachusetts 02459
617.327.6777
williamjames.edu

Graduation Application

Office of the Registrar

Student Name: _____

Expected date of graduation: ☐ January ☐ June ☐ August

_____

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

Clinical Psychology
☐ PsyD –Clinical Psychology
☐ Graduate Certificate – Respecialization

School Psychology
☐ PsyD –School Psychology
☐ MA –School Psychology
☐ MA –Applied Behavior Analysis
☐ CAGS –School Psychology

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
☐ Children & Families of Adversity & Resilience
☐ Talent Management
☐ Latino Mental Health
☐ Military & Veterans Psychology
☐ Global Mental Health
☐ Forensic Psychology
☐ Clinical Health Psychology
☐ African & Caribbean Mental Health
☐ Neuropsychology
☐ 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)

_____ _____
Student Signature *Date*