



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

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

School Psychology

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

- 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