



Graduation Application Office of the Registrar

Student Name: _____ Expected date of graduation: December
 June
 August
Walking in Ceremony:

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 _____