

Graduation Application

Office of the Registrar

Student Name: _____

Print your Legal name **exactly** as you wish to have it appear on your diploma**Expected date of graduation:**

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- Fall
-
-
- Spring
-
-
- Summer

 Walking in Ceremony **Bachelor of Science in Psychology and Human Services****Clinical Psychology**

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- PsyD – Clinical Psychology
-
-
- Graduate Certificate – Respecialization

Clinical Mental Health Counseling

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- MA – Clinical Mental Health Counseling

Emphasis

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

School Psychology

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

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
-
-
- Substance Use & Addiction Counseling*
-
-
- Leading Non-Profits & NGOs**

-
- Forensic Psychology
-
-
- Clinical Health Psychology
-
-
- African & Caribbean Mental Health
-
-
- Neuropsychology
-
-
- Geropsychology
-
-
- Educational Leadership**
-
-
- Neuroscience of Leadership**

* Open to students in Clinical Mental Health Counseling Program only.

** Open to students in Organizational Psychology Program only.

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