



Graduation Application

Office of the Registrar

First _____ Middle _____ Last _____

Address After Graduation: _____

Personal Email: _____ Phone #: _____

Expected Date of Conferral: Year _____

- ☐ Fall (December)
☐ Spring (June)
☐ Summer I (July)
☐ Summer II (August)

Walking in Ceremony ☐ Yes ☐ No

Final Day in the Field (if applies): _____
(Date determines conferral)

Programs

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

Minors

- ☐ Addictions Counseling
☐ Behavioral Health

Counseling & Behavioral Health Department

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

Emphasis

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

Clinical Psychology

- ☐ PsyD – Clinical Psychology

Organizational Psychology

- ☐ MA – Organizational Psychology
☐ PsyD – Leadership Psychology

School Psychology

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

Certificates

- ☐ Graduate Certificate - Applied Behavior Analysis
☐ Graduate Certificate – Executive Coaching
☐ Graduate Certificate – LLP/GCSL
☐ Graduate Certificate in Leading Transformative Mental Health in Schools
☐ Graduate Certificate – Respecialization
☐ Clinical ☐ Counseling

Concentrations

- ☐ African & Caribbean Mental Health
☐ Asian Mental Health
☐ Children & Families of Adversity & Resilience

Concentrations cont.

- ☐ Clinical Health Psychology
- ☐ Educational Leadership *(Open to Students in Leadership Psychology Program Only)*
- ☐ Forensic Psychology
- ☐ Geropsychology
- ☐ Global Mental Health
- ☐ Inclusive Leadership *(Open to Students in Leadership Psychology Program Only)*
- ☐ Latino Mental Health
- ☐ Leading Non-Profits and NGOs *(Open to Students in Leadership Psychology Program Only)*
- ☐ LGBTQIA+ Studies
- ☐ Military & Veterans Psychology
- ☐ Neuropsychology
- ☐ Neuroscience of Leadership *(Open to Students in Leadership Psychology Program Only)*
- ☐ Organizational Development and Change *(Open to Students in Organizational Psychology Program Only)*
- ☐ Substance Use and Addiction Counseling (SUA) *(Open to Students in Clinical Mental Health Program Only)*
- ☐ Talent Management *(Open to Students in Organizational Psychology Program Only)*

☐ Transcript/Degree Audit reviewed by Advisor: _____

☐ Dissertation/Doctoral Project completed: _____
(Clinical PsyD) (Leadership PsyD)

☐ Cleared for Conferral: ☐ Yes ☐ No

if no, what is needed _____

Advisor Signature _____

I acknowledge that all outstanding balances must be paid in full prior to graduation. Failure to do so will prevent participation in commencement, conferral of degree, and awarding of the diploma.

Student Signature

Date