



Graduation Application

Office of the Registrar

First _____ Middle _____ Last _____

Address After Graduation: _____

Personal Email: _____ Phone #: _____

Expected date of graduation: Year _____

- Fall
- Spring
- Summer

Walking in Ceremony Yes No

Final Day in the Field (if applies) _____

Bachelor of Science in Psychology and Human Services

Clinical Psychology

- PsyD –Clinical Psychology
- Graduate Certificate – Respecialization

School Psychology

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

Counseling & Behavioral Health Department

- MA – Clinical Mental Health Counseling
- MA in Psychology
- Graduate Certificate – Respecialization

Emphasis

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

Organizational Psychology

- PsyD –Leadership Psychology
- MA – Organizational Psychology
- Graduate Certificate- Executive Coaching
- Graduate Certificate – School Leadership
- Graduate Certificate – Classroom Mental Health

Concentrations

- | | |
|--|--|
| <input type="checkbox"/> Children & Families of Adversity & Resilience | <input type="checkbox"/> Forensic Psychology |
| <input type="checkbox"/> Talent Management <i>(Open to Students in Organizational Psychology Program Only)</i> | |
| <input type="checkbox"/> Clinical Health Psychology | |
| <input type="checkbox"/> Latino Mental Health | <input type="checkbox"/> African & Caribbean Mental Health |
| <input type="checkbox"/> Military & Veterans Psychology | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Global Mental Health | <input type="checkbox"/> Geropsychology |
| <input type="checkbox"/> Educational Leadership <i>(Open to Students in Leadership Psychology Program Only)</i> | <input type="checkbox"/> Asian Mental Health |
| <input type="checkbox"/> Leading Non-Profits and NGOs <i>(Open to Students in Leadership Psychology Program Only)</i> | <input type="checkbox"/> LGBTQIA+ Studies |
| <input type="checkbox"/> Neuroscience of Leadership <i>(Open to Students in Leadership Psychology Program Only)</i> | |
| <input type="checkbox"/> Inclusive Leadership <i>(Open to Students in Leadership Psychology Program Only)</i> | |
| <input type="checkbox"/> Substance Use and Addiction Counseling (SUA) <i>(Open to Students in Clinical Mental Health Program Only)</i> | |

Transcript/Degree Audit reviewed by Advisor: _____

Cleared for Conferral: Yes No if No what is needed _____

Advisor Signature: _____



WILLIAM JAMES
COLLEGE

I acknowledge that all outstanding balances must be paid in full by prior to 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

Email: registrar@williamjames.edu

Phone: 617-564-9393 Fax: 617-477-2030