



**INSTITUTE for the PSYCHOANALYTIC
STUDY of SUBJECTIVITY**
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One Year Graduate Program in Psychoanalysis

One Year Graduate Program Application (Fee: \$50)

Applicant Information

Name: _____
Last First M.I.

Date of Birth: _____ City of Birth: _____ Sex: _____

Home

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Office

Professional Title/License (e.g., Psychiatrist, Psychologist, Social Worker, etc.): _____

Office

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Education (also include any psychoanalytic training)

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College or Institution: _____ Major: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College or Institution: _____ Major: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College or Institution: _____ Major: _____

Professional Reference

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please include a nonrefundable application fee of \$50.00 made out to: *IPSS*