



Academy of Clinical and Applied Psychoanalysis

REGISTRATION FORM

Spring 2024

January 16th - May 17th

- Certificate Program
- Non-Matriculation

Select one:

Distance Learner: _____ Hybrid: _____ In-Person: _____

SCHEDULE OF FEES FOR FALL SEMESTER	
Program Tuition Fees	
Certificate Course Tuition	\$835
Small Group Supervision	\$835
Non-Refundable Registration Fee	\$150
Handling Fee for PayPal	\$ 25
Research Supervision Tutorial	\$835
Lab Fee (1st yr/after 1st yr)	\$400/\$600
<i>*Includes Library, PEP, Journal, and Student Activity Fees*</i>	
Administrative Fees	
Late Fee	\$150
Transcript of Student Record	\$ 20
Leave of Absence	\$100
Graduation	\$150

Name _____

Street address _____

City _____ State _____ Zip _____

Phone _____ Country _____

Email _____

Emergency contact name & phone _____

COURSE#	COURSE TITLE			DAY/ TIME	FACULTY	FEE
SGS (must list 3 choices)	1 st choice	2 nd choice	3 rd choice			
	Registration fee (required for all registrations) \$150					
	Late fee \$150 after December 29th					
	TOTAL AMOUNT DUE					

Please make checks payable to ACAP and mail to ACAP 301 South Livingston Ave, Livingston, NJ 07039

Refund Policy:

Registration fees are non-refundable
Before 1st class meeting 100% tuition refund
Before 2nd class meeting 50% tuition refund
After 3rd class meeting no refunds

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Registration will not be accepted without Advisor signature and up to date Confirmation of Analysis