

DATE:

TO: Secretary/Membership Services The American Psychoanalytic Association

INSTITUTE/CENTER:

## RE: Notification of Graduation

## THE FOLLOWING CANDIDATE HAS SATISFACTORILY COMPLETED OUR COURSE OF TRAINING IN PSYCHOANALYSIS AND HAS GRADUATED:

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DATE:

NAME:

ADDRESS:

PHONE:

(Authorized Signature)

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rv 7/2014		

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