



# Stony Brook University

## Department of Psychology

Date: \_\_\_\_\_

To: Celia Marshik, Dean of the Graduate School

From: Susan Brennan, Graduate Program Director

RE: Completion of Graduate Studies

This is to certify that the following candidate for the Ph.D. degree in Psychology, has satisfactorily completed all the degree requirements:

\_\_\_\_\_ (Student's Name) \_\_\_\_\_ (ID#),

Ph.D transcript notation: PH.D AREA: CLINICAL PSYCHOLOGY \_\_\_\_\_

PH.D AREA: COGNITIVE SCIENCE \_\_\_\_\_

PH.D AREA: SOCIAL & HEALTH PSYCHOLOGY \_\_\_\_\_

PH.D AREA: INTEGRATIVE NEUROSCIENCE \_\_\_\_\_

Advisor - \_\_\_\_\_  
**SIGN** and print name

Area Director - \_\_\_\_\_  
**SIGN** and print name

Department Chair - \_\_\_\_\_  
**SIGN** and print name

Graduate Program Director - \_\_\_\_\_  
**SIGN** and print name