



Stony Brook University

Department of Psychology

---

Date: \_\_\_\_\_  
To: Celia Marshik, Interim 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