Stony Brook University

Department of Psychology

Date:

To: Director of Graduate Studies

RE: **Advancement to Candidacy for the Ph.D. Degree**

In accordance with the vote of the _____ area faculty, we recommend advancement to candidacy for the Ph.D.
for:

_____, (Student's Name & ID #)

who successfully completed all requirements for advancement on _____, 20_____.

_____	_____
Advisor (Print and sign name)	Date
_____	_____
Area Director (Print and sign name)	Date
_____	_____
Chair (Print and sign name)	Date
_____	_____
Graduate Director (Print and sign name)	Date