



Completion of Graduate Studies

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