Stony Brook University

DEPARTMENT OF PSYCHOLOGY

COMPLETION ADDENDUM

This form should be submitted to the Grad Office along with your signed completion of PhD requirements

Name:_____ **Date:** _____

Dissertation Title:_____

Dissertation Advisor:_____

Forwarding Address:

House Number/Street _____

City/State/Zip _____

Country _____

Personal E-mail: _____

Contact information for a relative/individual who would be able to get in contact with you after graduation:

Name _____

Relation _____

Number/Street _____

City/State/Zip _____

Country _____

Email _____

Phone _____

Using standard bibliographic citation format, please list all publications completed while a graduate student at Stony Brook (including any pending publications) **and attach to this form.**

Do you intend to submit future additional papers based on your dissertation or other works at Stony Brook? Yes ☐ No ☐

Employment status at graduation:
___ Unemployed
___ Have temporary position (please complete below)
___ Negotiating for permanent position (please complete below)
___ Arrangements completed for permanent position (please complete below)

Position title: _____

Employer Name _____

Address _____

Description of post-graduation position:
P = Primary position **S** = Secondary position

I will be working: ☐Full time ☐Part time
◙ as a psychologist ☐ not primarily as a psychologist

Please complete what best describes your anticipated position(s):

☐**Academic teaching (and research) P S**
Non-tenure track teaching at a ☐2 yr. college ☐4 yr. College
☐ Univ. Psych. Dept. ☐Medical school ☐Other Univ. Dept._____

Tenure track teaching at a ☐2 yr. college ☐4 yr. College
☐ Univ. Psych. Dept. ☐Medical school ☐Other Univ. Dept._____

☐ **Research: P S**
☐Postdoctoral fellow:
☐Academic or psychology research institution (e.g. ETS,ORI)
☐Governmental ☐federal ☐state ☐local
☐Corp./Business: ☐theoretical ☐applied/development
☐Contractual research/development/application project
☐Not-for-profit institution or foundation

☐**Direct Practice P S**
☐Medical hospital
☐Psychiatric hospital
☐Community mental health center
☐Corporate/business
☐Private practice
☐Private consulting

☐**Administrative/Managerial P S**

☐**Other (Please describe)**_____