



Stony Brook University

Department of Psychology

Date:

To: Dean of Graduate Studies

From: Susan Brennan, Graduate Program Director

RE: **Completion of Degree Requirements for the M.A. Degree**

This is to certify that on _____, _____,
(Date) (Student's Name & ID #) a
candidate for the M.A. Degree in Psychology, satisfactorily completed all requirements.

Advisor – (sign and print name)

Area Director – (sign and print name)

Department Chair – (sign and print name)

Graduate Program Director –
(sign and print name)

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