

COMPLETION STATEMENT ADDENDUM

(To be submitted with departmental Completion of Ph.D. Requirements form)

Name: _____ Date: _____

Dissertation Title: _____

Dissertation Advisor: _____

Forwarding Address: _____

e-mail: _____

(Relative's) Permanent Address to which mail could be forwarded: _____

Name and Address of a non-relative who would be able to provide future current address.

PLEASE ATTACH A LIST USING STANDARD BIBLIOGRAPHIC CITATIONS OF ALL PUBLICATIONS BASED ON WORK DONE AT STONY BROOK, OR PUBLISHED WHILE A GRADUATE STUDENT AT STONY BROOK.

-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

___ Negotiating for permanent position

___ Arrangements completed for permanent position (see below)

Position title: _____

Employer/Address: _____

Description of position following graduation:

P = Primary position **S** = Secondary position

- 1) _____ full-time or _____ part-time
- 2) _____ as a psychologist of _____ not primarily as a psychologist
- 3) _____ Academic teaching (and research)
_____ **Non-tenure track** teaching in _____ 2 yr. college; _____ 4 yr. College; _____ univ. psych. Dept. _____; medical school; _____ other university

_____ **Tenure track** teaching in _____ 2 yr. college; _____ 4 yr. College; _____ univ. psych. Dept. _____; medical school; _____ other university

OR _____ **Research:**
_____ Postdoctoral fellow
_____ Academic of psychology research institution (e.g. ETS, ORI)
_____ Governmental: _____ federal or _____ state or _____ local
_____ Corp./Business: _____ theoretical or
_____ applied/development
_____ Contractual research/development/application project

OR _____ **Practice**
_____ Medical hospital
_____ Psychiatric hospital
_____ Community mental health center
_____ Corporate/business
_____ Private practice
_____ Private consulting

OR _____ **Administrative/Managerial**

OR _____ **Other:**
