

PSYD DEGREE COMPLETION FORM
CLINICAL PROGRAM
FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY
YESHIVA UNIVERSITY

**To be submitted to Ms. Dawn Basnight no later than June 1st for June 30th degree,
August 1st for August 30th degree, September 1st for September 30th degree and
January 1st for January 30th degree**

Name of Student: _____
YU ID Number: _____
APA ID number: _____
Year of Entry: _____
Date of Graduation: _____

1. Successful Completion of Requirements (Student)

I attest that I have successfully completed my graduation requirements for the Clinical Psychology PsyD degree. I certify that I have successfully completed the 116 credits of coursework, two externships, a year-long internship, my oral defense, my Research Project I, and the final version of my Research Project II, making all revisions requested at my defense, to my Research Advisor. I have also submitted all materials with the required information specified below to Ms. Dawn Basnight. I have also submitted the 12 specified items below to my research advisor. This form certifies that I have made an appointment with my Academic Advisor, my Research Advisor, and the Director of Field Training to obtain signatures further attesting my accomplishments.

Print Name

Signature

2. Successful Completion of Academic Requirements (Academic Advisor)

To be completed by academic advisor (please note that your research advisor becomes your academic advisor in your fifth year and beyond).

I have read the student's **graduation checklist** and **unofficial transcript** and I certify that he/she has completed all required coursework (116 credits).

Print Name

Signature

3. Successful Completion of Research Requirements (Research Advisor)

To be reviewed by Research Advisor (must contain items 1-12). Please consult your advisor for currently-preferred methods of providing this data.

1) Research Project I: Review of the Literature

Date of Approval: _____

2) CITI Training Certificate: Date Training Completed: _____

3) IRB Approval: Date Approval Received: _____

4) In- House Proposal Approved: Date of Approval: _____

5) Research Project II: Date of Approval: _____

6) A reference list in APA style containing all posters, presentations, publications and all co-authors listed

7) Copies of all questionnaires used in the study

8) SPSS file containing raw data

9) Outputs of data analyses

10). Powerpoint presentations, handouts, posters, abstracts for symposia etc coming out of your Research Project I or II

11) Pdf copies of Publications coming out of your Research Project I or II

12) Pdf copies of all articles, chapters, etc. used in Research Project I and II

RACER II (indicate Pass or High Pass): Research Advisor _____

Committee member #1 (name) _____ Pass or High Pass _____

Committee member #2 (name) _____ Pass or High Pass _____

Did the student make the required revisions to his/her Research Project II requested by her Defense Committee at his/her Oral Defense? Yes or No

I have reviewed the student's research materials and I can attest to the completion of the above requirements. The student has also provided me with items 1-12.

Print Name

Signature

4. Successful Completion of Field Training Requirements (Director of Clinical Training – Dr. Schumpf)

To be completed by Director of Field Training:

Externship 1 Site: _____

Date of Completion _____

Attestation Form received indicating Successful Completion: YES NO

Externship 2 Site: _____

Date of Completion: _____

Attestation Form received indicating Successful Completion: YES NO

Externship 3 Site: (elective) _____

Date of Completion: _____

Attestation Form received indicating Successful Completion: YES NO

Internship Site: _____

Date of Completion: _____

Attestation Form received indicating Successful Completion: YES NO

Date received: _____

Distributed Internship III and IV Grade Change

Date Processed: _____

I have reviewed the student's file and I can attest to the successful completion of the above requirements.

Print Name

Signature

5. Successful submission to Psychology Office (Ms. Dawn Basnight)

- 1. Psyd Degree Attestation form (signed by all except program director)
- 2. A copy of your graduation checklist
- 3. Copy of your unofficial transcript
- 4. 6 items listed:

1) Final copy of Research Project I: (please note date of Approval): _____

2) CITI Training Certificate: Date Training Completed: _____

3) IRB Approval: Date Approval Received: _____

4) In- House Proposal Approved: Date of Approval: _____

5) Final Research Project II: Date of Approval: _____

6) A reference list in APA style containing all posters, presentations, publications and all co-authors listed

I hereby attest that I have received and reviewed the 4 items above, including items 1-6.

Print Name

Signature

6. Successful Completion of the PsyD Degree (Program Director – Dr. Critchfield)

I certify I have reviewed all the above requirements and I can attest that the student has successfully completed all requirements and is now eligible for graduation.

Program Director

Signature