



Department of Psychology  
Psy.D. Program in Clinical Psychology

**Dissertation Form 3B**  
**Graduation Application Verification**

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Student Name:

Date:

Student Email:

Student ID#:

Dissertation Title:

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Requirements:

Graduation application completed

Graduation fee paid

Cap and gown rental paid (if not purchasing regalia)

**Graduate Academic Services Verification:**

I verify that this student has completed the requirements for graduation indicated above.

Printed Name

\_\_\_\_\_  
Signature

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Received by Psy.D. Program Chair/DCT

\_\_\_\_\_  
Date: \_\_\_\_\_

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**Students: Submit this form to the Psychology Department Manager.**