



UNIVERSITY of
ROCHESTER
MEDICAL CENTER

**School of Medicine and Dentistry
APPLICATION SUPPLEMENT
POSTDOCTORAL FELLOWSHIP
in Clinical Psychology
300 Crittenden Boulevard
Rochester, New York 14642**

DATE: _____

APPLICANT NAME: _____

This notice is to certify that the above named applicant is on course to complete all requirements for their doctoral degree by the start date of the fellowship that has been applied for.

Graduate School Name: _____

Graduate School Training Director: _____

Phone: _____

Email: _____

All coursework completed by: _____

Dissertation defense: Expected Defense Date: _____

Date Completed _____

Signed: _____
(Training Director)

PLEASE NOTE:

If offered a position within our training program, the offer will be contingent upon the completion of all doctoral degree requirements by the start date of the fellowship. If the registrar of your college/university will not sign off that all requirements are met, the offer will be rescinded.

I understand and accept: _____
(applicant)