



Clinical Psychology Doctoral Program
Department of Psychology
516-299-2090 - Phone
516-299-2738 - Fax

ADVISOR SELECTION MEMORANDUM

To: All Present 2nd Year Students (for third year)
From: Robert Keisner, Ph.D.
Date: August 23, 2006
Subject: Advisor Selection

Please complete this memo by filling in your first choice for next Fall.
Select a full time clinical faculty member but please be sure to check with them first to be certain of their availability.

Please return to the Secretary as soon as possible.

Thank you.

Advisor - first choice

Student name

Social Security No.

Date

Third Year students only (check one): ___ advisor change ___ same as last year

