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

Academic Year : _____

Robert Keisner, Ph.D.
Program Director
Clinical Psychology Doctoral Program

Dear Dr. Keisner:

I declare my elective concentration to be _____.

I understand that my signature constitutes a commitment to take both courses in this concentration

_____
Signature

_____
Print Name

_____
Date