

VERIFICATION OF COMPLETION OF DOCTORATE REQUIREMENTS  
(to be completed by dissertation chair or director of clinical training)

\_\_\_\_\_  
Applicant name (please print)

The above named student is applying for a Post Doctoral Fellowship at the Kennedy Krieger Institute/Johns Hopkins University School of Medicine within the Department of Behavioral Psychology. Our Department requires that each applicant complete all requirements for the doctorate degree one month before beginning their fellowship. Your signature below verifies that you *expect* this student to complete all requirements for their degree on \_\_\_\_\_.  
(date)

Although all requirements for the doctorate degree must be met, the degree itself does not have to be conferred by this date. We are asking you to verify that to the best of your knowledge, this student is on track to complete all requirements by the above date. Additionally, a letter from the student's dean or registrar will be necessary once all degree requirements have been met.

\_\_\_\_\_  
Dissertation Chair or DCT signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name