



Rush University, College of Nursing
PhD Advanced Clinical Research Practicum (ACRP)
Committee Agreement Form

Date: _____

Student ID: _____ Student Name: _____

Instructions:

- 1) Type name and contact information for of each committee member below.
- 2) Obtain signatures of each committee member. Note: Attach CVs of persons who are not Rush University College of Nursing Faculty
- 3) Return completed form to: **Rush University College of Nursing
 Office of Academic Affairs – PhD Program Assistant
 600 S. Paulina Street, Suite 1080
 Fax: 312-942-3043**

Chairperson:

Printed Name	Signature	Date
Phone	Email	

Member:

Printed Name	Signature	Date
Phone	Email	

Member:

Printed Name	Signature	Date
Phone	Email	

Member:

Printed Name	Signature	Date
Phone	Email	

Member:

Printed Name	Signature	Date
Phone	Email	

Approval:

PhD Program Director Signature	Date
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Distribution: Advisor
 PhD Program Director
 Student File