



# Rush University, College of Nursing

## PhD Dissertation Proposal Approval Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Title: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Written portion completion date: \_\_\_\_\_

Oral presentation completion date: \_\_\_\_\_

*Note: Student schedules oral examination after written exam is passed (submit PhD Presentation Reservation Form to PhD Program Assistant).*

**Instructions:**

- 1) Type name for of each committee member below.
- 2) Obtain signatures of each committee member.
- 3) Obtain signature of PhD Program Director.
- 4) Return completed form to: **Rush University College of Nursing  
 Office of Academic Affairs – PhD Program Assistant  
 600 S. Paulina Street, Suite 1080  
 Chicago, IL 60612**

**Chairperson:** \_\_\_\_\_

**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Member:** \_\_\_\_\_

**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Member:** \_\_\_\_\_

**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Member:** \_\_\_\_\_

**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Member:** \_\_\_\_\_

**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Approval:** \_\_\_\_\_

**PhD Program Director Signature**

\_\_\_\_\_  
**Date**

Distribution:

- Advisor
- Registrar
- PhD Program Director
- Student File