



Rush University, College of Nursing

PhD Dissertation Defense Approval Form

Date: _____

Student Name: _____

Title: _____

The candidate has submitted dissertation manuscripts #1 and #2 to peer-reviewed journals:
 _____ yes _____ no

*The candidate may not publicly defend the dissertation until manuscripts #1 & #2 have been submitted to peer-reviewed journals.

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). The Degree Approval Form is submitted to the Registrar's Office when all corrections and/or revisions have been made.

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

<u>Chairperson:</u>			
	Printed Name	Signature	Date
<u>Member:</u>			
	Printed Name	Signature	Date
<u>Member:</u>			
	Printed Name	Signature	Date
<u>Member:</u>			
	Printed Name	Signature	Date
<u>Member:</u>			
	Printed Name	Signature	Date

Approval: _____
PhD Program Director Signature Date

- Distribution: Advisor
 Registrar
 PhD Program Director
 Student File