



Rush University, College of Nursing
PhD Advanced Clinical Research Practicum (ACRP)
Comprehensive Exam 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
 Fax: 312-942-3043**

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