CANDIDACY EXAMINATION NOTIFICATION

CASE WESTERN RESERVE UNIVERSITY FRANCES PAYNE BOLTON SCHOOL OF NURSING PHD PROGRAM

NAME OF STUDENT:
COMMITTEE CHAIRPERSON SIGNATURE:
DATE:
MEMBERS OF COMMITTEE (PLEASE PRINT)
CHAIRPERSON:
MEMBER:
MEMBER:
MEMBER:
TITLE OF PROPOSAL:
CANDIDACY EXAMINATION SCHEDULE
DATE:
TIME:
PLACE:

INSTRUCTIONS:

NAME OF OTUBENT

- 1. Present a copy of your proposal to all committee members three weeks prior to the oral examination.
- 2. Bring this form to the PhD Office (Rm. 241G) three week s prior to the oral exam, which needs to be signed by your committee chair.
- 3. Please have your committee chair complete the necessary paperwork for the PhD Program regarding the results of your exam.