**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Philosophy**

**ADMISSION TO CANDIDACY**

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

Anticipated Degree Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students are admitted to candidacy for Mennonite College of Nursing Doctor of Philosophy Degree in Nursing when they have completed the research tool requirement which includes:

* Completion, or near completion, of course work as evidenced on plan of study form
* Successful completion of preliminary exam and dissertation proposal defense

**I certify that the above named student has fulfilled all the requirements for admission to candidacy. Documentation to support this statement is attached.**

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Committee Chair Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor Signature Date

**Forward to MCN Office of Student and Faculty Services**

**OSFS will submit to Graduate School with supporting documents**