**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Nursing Practice**

**AUTHORSHIP AGREEMENT**

1. The conceptualization for this project was jointly (student plus faculty) or individually (student or faculty) developed.
2. The principle investigator for this project will be Click here to enter text. (Scholarly Project Committee Chair)
3. Authorship of future articles will be in the following order based on substantial contributions to the article.
4. The order of authorship may be reviewed at the request of any author and may be revised if approved by the primary investigator.

Working Article Title:

Order Name Signature (each author sign) Date

1st Click here to enter text.Click or tap here to enter text.Click here to enter a date.

2nd Click here to enter text.Click or tap here to enter text.Click here to enter a date.

3rd Click here to enter text.Click or tap here to enter text.Click here to enter a date.

4th Click here to enter text.Click or tap here to enter text.Click here to enter a date.

Working Article Title:

Order Name Signature (each author sign) Date

1st Click here to enter text.Click or tap here to enter text.Click here to enter a date.

2nd Click here to enter text.Click or tap here to enter text.Click here to enter a date.

3rd Click here to enter text.Click or tap here to enter text.Click here to enter a date.

4th Click here to enter text.Click or tap here to enter text.Click here to enter a date.

Working Article Title:

Order Name Signature (each author sign) Date

1st Click here to enter text.Click or tap here to enter text.Click here to enter a date.

2nd Click here to enter text.Click or tap here to enter text.Click here to enter a date.

3rd Click here to enter text.Click or tap here to enter text.Click here to enter a date.

4th Click here to enter text.Click or tap here to enter text.Click here to enter a date.

***Electronic Signature***

*If you are under the age of 18 or have not elected to participate in electronic signature at the University, please call 309-438-7400 to request a hard copy of the form be emailed to you for submission. If you are under the age of 18, a parent must sign the hard copy .pdf version of the form.*

*By typing my name in the indicated fields, I hereby acknowledge that I consent to sign Authorship Agreement form. I also acknowledge that I have had sufficient time to review and seek explanation of the terms and conditions contained above, have carefully read them, understand them fully, and agree to be legally bound by them. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.*

**Forward to MCN Office of Student Services**