**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Philosophy**

**REQUEST FOR DISSERTATION COMMITTEE EXCEPTION**

I, Click here to enter text. (**student name**), request that the following individual(s) be approved as members of my dissertation committee:

Name of faculty/committee member Click here to enter text.

Department/School/Off-campus site Click here to enter text.

Name of faculty/committee member Click here to enter text.

Department/School/Off-campus site Click here to enter text.

Please present the rationale for the request. Explain how each individual’s professional experience warrants inclusion on the committee.

Click here to enter text.

Please attach an updated copy of each individual’s vita.

**APPROVED:**

**Type to sign**

Committee Chair Click or tap here to enter text. Date: Click here to enter a date.

Student Click or tap here to enter text. Date: 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 Request for Dissertation Committee Exception 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**

**OSS will submit to Graduate School for approval**