**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Nursing Practice**

**DECLARATION OF DNP RESIDENCY**

Name Click here to enter text. UID# Click here to enter text.

Address Click here to enter text.

The ISU residency requirement (see ISU Graduate Catalog) will be followed and may be fulfilled in the following way:

* Post-master’s DNP students will complete two (2) consecutive academic terms of enrollment in Clinical Residency coursework.

Students must file Declaration of Residency for approval prior to entering into residency.

Date for completion: Click here to enter a date.

**Required Signatures:**

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

Faculty Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

DNP Program Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**Forward to MCN Office of Student Services**

**OSS will submit to the Graduate School**