**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Philosophy**

**DECLARATION OF PhD RESIDENCY**

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

Address Click here to enter text.

* Students must complete at least two full-time consecutive terms.
  + The options for completing this residency include:
    - two consecutive semesters with at least nine hours of course work
    - one semester with at least nine hours of course work and a consecutive summer term over a time period of at least eight weeks with six hours of course work.
    - Two consecutive summers at 6 semester credit hours each
* Students must file Declaration of Residency for approval **prior** to entering into residency.

Semester and year for Residency (1) Click here to enter text. (2) Click here to enter text.

**Please answer the following questions:**

1. How will you allow adequate time to concentrate on doctoral level study and research during residency?

Click here to enter text.

2. Describe how you will take part in the professional activities of the department.

Click here to enter text.

3. Describe your access to libraries, laboratories and other research tools necessary for doctoral study while you are in residency.

Click here to enter text.

**Required Signatures:**

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

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

**Forward to MCN Office of Student Services**

**OSS will submit to the Graduate School**