**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Philosophy**

**REPORT OF PRELIMINARY EXAM AND DISSERTATION PROPOSAL DEFENSE**

The preliminary exam and dissertation proposal defense of (student name) Click here to enter text. was evaluated on Click here to enter a date..

The decision of the Dissertation Committee is as follows (check only one):

Pass

[ ] No additional work required to begin work on dissertation.

Pass Conditional

[ ] Pass conditional, please outline expectations for student including,

* Revisions and/or additions
* Deadline for submission of revisions
* Rescheduling of examination/defense
* Other requirements as determined by the committee with deadlines

Fail

[ ] The exam is not satisfactory. Revisions and a new defense are required.

Signature of the committee members:

Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Graduate Programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forward to MCN Office of Student Services**

MCN Office of Student Services will submit original to ISU Graduate School