**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Philosophy**

**REQUEST FOR APPOINTMENT OF DISSERTATION COMMITTEE**

This form is to be signed by the committee chair and submitted to Mennonite College of Nursing Office of Student Services following the student’s completion of 36 semester hours.

Date: Click here to enter a date.

Student Name: Click here to enter text.

Click here to enter text. (faculty name) has agreed to serve as my committee chair.

**Committee Members:**

Note: The committee consists of at least four faculty members. Qualified faculty will be full or associate members in the graduate college, have expertise in methods, topical area, target population, or some aspect of the student’s dissertation topic. One member of the committee may be from outside the College of Nursing but will need to be approved by the Graduate School using the Request for Committee Exception form.

**Signatures from committee members Rank Dept (if not nursing)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.Click here to enter text.

**Approved:**

Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

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

Director of Graduate Programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**Forward to MCN Office of Student Services**