**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:**

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

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

**Forward to MCN Office of Student Services**

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