



SCHOOL OF NURSING
Ashland Klamath Falls La Grande Portland

PhD Candidacy Certification

Student Name:

Date:

This is to certify that this student has been examined by the undersigned in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Recommendations:

Dissertation Chair:

Signature:

Committee Member:

Signature:

Committee Member:

Signature:

Committee Member:

Signature:

Director, Doctor of Philosophy Program

Signature:

Submit completed form to PhD Program Office after completion of the examination.

Last revised: 7/2008