



SCHOOL OF NURSING
Ashland Klamath Falls La Grande Portland

PhD Oral Examination 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: _____

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

Program staff will obtain this signature
Director, Doctor of Philosophy Program

Signature: _____ Date: _____