Planning Form for Nursing PhD Preliminary Written Examination
(For students admitted fall 2017 or later. All other students should verify eligibility with DGS.)

PURPOSE: This form documents the planning process and due dates for the preliminary written exam.

Date: ___________________________  Student ID: ___________________________

Student Name: ___________________________________________________________

See the current Nursing PhD handbook on the PhD program website for additional instructions.

Verify the following:
All items must be answered as “yes” to proceed.
I have taken NURS 8190: ☐ Yes
I have taken the required number of credits to be eligible to take the prelim written exam: ☐ Yes
I have filed my Preliminary Oral Exam Committee with the graduate school: ☐ Yes

Describe how the scope of your preliminary written exam differs from the topic of your paper in NURS 8190:
_____________________________________________________________________________________
_____________________________________________________________________________________

I. Student, Advisor, and Examiners Meeting Date Information

Date of meeting for discussion and to obtain signatures: _____________________________

II. Names and Signatures of Nursing Examining Members (please print name and sign)

Printed name of advisor (Examiner #1) ___________________________ Signature

Printed name of examiner #2 ___________________________ Signature

Printed name of examiner #3 ___________________________ Signature

III. Written Examination Due Dates

Date Student Submits Exam Paper Draft to Advisor: _____________________________

Date Feedback is Due to Student (within two weeks of receiving draft): _______________

Date Student Submits Final Exam to Examiners & DGS (within one month of advisor feedback): _______________

Date Examiners Submit Grades to DGS via email (within two weeks of receiving Final Exam): _______________

(Student: Make copies of this form for examiners)