

CANDIDACY EXAMINATION NOTIFICATION

**CASE WESTERN RESERVE UNIVERSITY
FRANCES PAYNE BOLTON SCHOOL OF NURSING
PHD PROGRAM**

NAME OF STUDENT: _____

COMMITTEE CHAIRPERSON SIGNATURE: _____

DATE: _____

MEMBERS OF COMMITTEE (PLEASE PRINT)

CHAIRPERSON: _____

MEMBER: _____

MEMBER: _____

MEMBER: _____

TITLE OF PROPOSAL:

CANDIDACY EXAMINATION SCHEDULE

DATE: _____

TIME: _____

PLACE: _____

INSTRUCTIONS:

1. Present a copy of your proposal to all **committee members** three weeks prior to the oral examination.
2. Bring this form to the **PhD Office** (Rm. 318B) three weeks prior to the oral exam, which needs to be signed by your committee chair.
3. Please have your committee chair complete the necessary paperwork for the PhD Program regarding the results of your exam.