East Carolina University College of Nursing PhD in Nursing Program

Course Registration Form

Student Name:			anner ID:	Date C	Date Completed:	
Directions:						
 Attach appl Research, I signatures. Submit com Bldg). <u>Dissertation</u> 	NURS 9000, and N	signed forms to the IURS8500 Indepenura Jackson by ema		Be sure to obtain a	all student and faculty 4165-P Health Sciences	
Semester of Registration: (Please Type/Write In the Year Behind the Preferred Semester)						
Fall	Spring	Summer I	Summer II	Summer II Summer 11 Week		
Course Prefix	Course #	CRN#	Section	# of Semester Hours	Faculty	
☐ YES ☐ NO I will be taking my Candidacy Exam during this semester (Check One)						
Research Mentor/Advisor Signature:						
Student Signature:						

* Assessment Due Dates Related to Advising:

- 1. Dissertation Chair submit completed <u>Formative Assessment</u> form in conjunction with N9000 Dissertation Hours:
 - Chapter 1 Proposal Rubric
 - Chapter 3 Proposal Rubric
- 2. Dissertation Chair submit completed <u>Summative Assessment</u> form following dissertation proposal defense:
 - Chapter 1 Proposal Rubric
 - Chapter 3 Proposal Rubric
- 3. Faculty Advisor submit "PhD Program Professional Stewardship Benchmarks Assessment Form" annually by April1st

^{**}Extra forms are located in the PhD Suite in 4165 on the bookshelves