

Kent State University and The University of Akron Colleges of Nursing
PhD in Nursing
APPLICATION FOR GRADUATION

1. Semester and year, which you expect to graduate? 20____ Spring (May) Summer (August) Fall (December)
(YY)

2. **Please PRINT your name exactly as you wish it to appear on your diploma. If your name on university record is different, you must notify the Registrar's Office at your home university prior to commencement and make arrangements to have it changed.**

Name: _____
(First) (Middle) (Last)

3. **ADDRESS** (This is needed so that your diploma will arrive at the address correctly)

Permanent Address: _____
(Number and Street) (City) (State) (Zip Code)

(If different than above)

Current Address: _____
(Number and Street) (City) (State) (Zip Code)

4. **Student ID:** _____

5. **Home Phone:** (_____) _____

6. **Email:** _____

7. **Work Phone:** (_____) _____

8. **Baccalaureate Degree and Institution awarding it:** _____

9. **Master's Degree and Institution awarding it (if applicable):** _____

10. **Exact Dissertation Title:** _____

11. **Dissertation Chair:** _____

12. Are you having any credits transferred to your doctoral work from another university? YES NO

13. **KSU Students Only:** Will you be filing your dissertation electronically (ETD), or do you want copies bound?

ETD – no charge Bound - \$65.00 to be paid at the Bursar's office. You will be given two receipts – please turn one copy over to the graduate office to be attached to your application for graduation. Two finished copies to be submitted to the College of Nursing, Office of Graduate Affairs.

14. Do you plan to attend Graduation Commencement exercises? YES NO _____
Applicant's Signature Date

This section to be completed by Graduate Office

Number of credit hours completed toward Doctoral degree: _____ GPA: _____

Registration for Dissertation 1 (NURS80199) – 30 hours (2x15)

Sem: _____ / Sem: _____

Registration for Dissertation 2 (NURS80299) – continuous

Sem: _____ / Sem: _____ / Sem: _____ / Sem: _____

Written Candidacy Examination (date passed): _____ Oral Candidacy Examination (date passed): _____

Dissertation Defense (date passed): _____ Two original approval pages signed by committee submitted: YES NO

Date of Filing _____

Final Approval for Graduation: (Director of Doctoral Program) _____ Date: _____

RETURN COMPLETED APPLICATION TO YOUR HOME UNIVERSITY:

KENT STATE UNIVERSITY, COLLEGE OF NURSING #214, P.O. BOX 5190, KENT, OHIO 44242-0001
PHONE: (330) 672-8761 ♦ FAX: (330) 672-6387

THE UNIVERSITY OF AKRON, COLLEGE OF NURSING, MARY GLADWIN HALL #202, AKRON, OH 44325-3701
PHONE: (330) 972-6105 ♦ FAX: (330) 972-5737

POST GRADUATION / ALUMNI INFORMATION

19. **The following information is useful to us in a variety of ways including national accreditation surveys, program planning, grant writing, etc. If this information is known, please take a minute to complete the following questions:**

A. Facility where you are currently employed:

Facility: _____

Address: _____

County: _____ (important for annual Advanced Nursing Education Traineeship grant applications)

Telephone: () _____ May we contact you following graduation? Yes No

Title / Position: _____

B. Facility where you are planning, or would like to be employed following graduation:

Facility: _____

Address: _____

County: _____ (important for annual Advanced Nursing Education Traineeship grant applications)

Telephone: () _____ May we contact you following graduation? Yes No

Title / Position: _____

C. Is this change, or new position, a result of completion of your PhD? YES NO

Comments: _____

D. What are your long-term goals in terms of employment? _____

E. Did you receive financial assistance from either College of Nursing during your program? YES NO

If YES, what type GA Traineeship Scholarship: _____

F. Do you feel the financial assistance opportunities offered by the Colleges of Nursing were adequate? YES NO

Comments: _____

G. Do you anticipate returning to KSU, UA or another university for additional advanced nursing education? YES NO

If yes, when? _____ Where: KSU UA Other University _____

If not KSU or UA, why? _____

H. Do you have any interest in teaching at KSU or UA, or serving as a clinical preceptor for future nursing students?

Teaching: YES NO Preceptor: YES NO

I. Overall, how satisfied are you with the quality of your doctoral education?

Extremely satisfied Moderately satisfied Satisfied Somewhat satisfied Not satisfied

If somewhat, or not satisfied, please elaborate. Please be assured this information will be kept confidential.

Thank you for taking the time to complete this short questionnaire. The information provided herein will be helpful in future programming and planning.

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