

Doctoral Student Candidacy Examination

Student Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 UCF ID (PID): _____ NID: _____
 Candidacy Exam Dates: Written: _____ Oral: _____

I am registered for or have successfully completed: (Check all that apply)

- | | | | |
|----------|---|----------|--|
| NGR 7820 | <input type="checkbox"/> Innovative Tech. in Hlth Care | NGR 7939 | <input type="checkbox"/> Dissertation Seminar |
| NGR 7805 | <input type="checkbox"/> Doctoral Scholarship | NGR 7817 | <input type="checkbox"/> Quant. Methods for Nsg. & Healthcare I |
| NGR 7806 | <input type="checkbox"/> Doctoral Scholarship II | NGR 7818 | <input type="checkbox"/> Quant. Methods for Nsg. & Healthcare II |
| NGR 7115 | <input type="checkbox"/> Phil & Theoretical Fdn of Nsg. Sci. | NGR 7823 | <input type="checkbox"/> Psychom. & Measurement. for Nsg. Res. |
| NGR 7123 | <input type="checkbox"/> Concept Dev. In Nsg. | NGR 7815 | <input type="checkbox"/> Qual. Methods in Nsg. Res. & Healthcare I |
| NGR 7892 | <input type="checkbox"/> Healthcare Sys. & Policy | NGR 7919 | <input type="checkbox"/> Doctoral Research |
| NGR 7807 | <input type="checkbox"/> Res. App. & Design for Nsg. & Hlthcare | _____ | <input type="checkbox"/> Supporting Course |
| _____ | <input type="checkbox"/> Supporting Course | _____ | <input type="checkbox"/> Supporting Course |

Total credit hours completed at UCF toward PhD: _____
(Attach myUCF Course/Grade History)

_____ Student Signature	_____ Date	_____ Signature of Academic Adviser	_____ Date
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_____ Susan K. Chase, Associate Dean College of Nursing	_____ Date
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FOR ADMINISTRATIVE USE ONLY (Completed following Examination)

Date Examination Received _____

Grade: Meets expectation _____ Does not meet expectation _____ Date: _____

_____ Chair	_____ Committee Member
_____ Committee Member	_____ Committee Member
_____ Committee Member	