

UNIVERSITY OF WASHINGTON
School of Nursing
Office of Academic Services

DOCTORAL DEGREE COMPLETION

(PLEASE TYPE OR PRINT LEGIBLY IN INK)

_____, candidate for the degree of
(Same as name on Application for Degree)

Ph.D. in Nursing Science, has successfully completed a dissertation titled: _____

Committee Members: _____

Final Examination was completed _____
(Date)

Supervisory Committee Chair: _____
(Signature)

Permanent Address: _____

Anticipated employment: _____
(Institution or Agency)

City and State: _____

Describe position if known at completion: _____

Student: _____
(Signature) _____ *(Date)*