

**Christine E. Lynn College of Nursing – PhD Program**

**Comprehensive Exam Planning Form**

Student Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

Propose 3 possible topics for your manuscript:

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

List your chair (not your dissertation chair) and two potential members/readers. It is possible that different members will be selected by the PhD Committee. It is recommended that one of your comprehensive exam committee members be your future dissertation chair.

|  |  |
| --- | --- |
| Comprehensive Exam Chair |  |
| First member/reader |  |
| Second member/reader |  |

Return form to the Office of Nursing Research, Scholarship, and PhD Studies (located in Suite 215).

*Revised 5/3/13*