



Graduate Studies
 Advancement to
 Candidacy

GSO1

Name		Student ID Number	
Local Address		Telephone Home	
City, State, Zip		Telephone Work	
Permanent Address		Telephone Message	
Master's Program	Nursing	Authorized Concentration	FNP

Proposed Title and Short Description of Final Project (4 lines)--Use a second page for a long Description
 Comprehensive Culminating Clinical Exam

Special Requirements for Advancement, if any (i.e., oral qualifying exam, etc.)

Requirement		Date
Requirement	Must be in Final Semester of MSN FNP program	2/2007
How Met by Student	Completed all courses in curriculum to date	2/2007

Writing Proficiency Requirement

WEPT		Date
Other Option	Admission Essay and paragraph	8/2004 if PT & 8/2005 FT

In signing this document, I agree to accept the responsibility of preparing a manuscript that meets the standards of the supervising committee and the University [as outlined in the Guidelines for Master's Theses and Projects published by the university].

Student Signature	Date
	3/10/2007

In signing this document the committee agrees to accept the roles and responsibilities assigned to the task of acting as evaluators of the quality and substance of this student's final project [as outlined in the Guidelines for Master's Theses and Projects published by the university].

Committee	Name (Typed) and Signature	Date
Chair		
Second Member		
Third Member		
Fourth Member		
Graduate Coordinator		3/ 10/2007

Review and Data Update:		Date
Graduate Studies Clearance		
Admissions & Records		