



**PART 1**

To be completed by student. Please print legibly!

LAST Name \_\_\_\_\_  
 FIRST Name \_\_\_\_\_  
 RUConnected ID # \_\_\_\_\_

<b>Degree and Specialty:</b>	<input type="checkbox"/> MSN Specialty in: _____ <input type="checkbox"/> DNP <input type="checkbox"/> DNSc/PhD	<b>DNSc/PhD ONLY</b> Dissertation Title	Dissertation title is needed for Rush transcript & Commencement program. <b>Submit the title with this form or e-mail title by MAY 1st to Registrars_Office@Rush.edu</b>
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**1. Do you plan to earn another degree/certificate at Rush?**

No  Yes. If yes, what degree/certificate?  
 \_\_\_\_\_

**2. Have you earned any other degrees/certificates at Rush?**

No  Yes. If yes, what degree/certificate?  
 \_\_\_\_\_

**Post Graduation Address for Alumni Records**

Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Ph# (\_\_\_\_\_) \_\_\_\_\_

**PART 2**

After obtaining signatures #1 and #2, signatures #3 through #9 can be obtained in any order with signature #10 being last.

- 1. DNSc/PhD Dissertation or DNP Project Committee Chair**  
All requirements for the dissertation or project have been met.
- 2. ADVISOR or SPECIALTY COORDINATOR**  
All academic requirements for the degree have been met or will be completed by the end of the quarter.
- 3. END of PROGRAM SURVEY**  
Survey completed. HESI on file with passing score (GEM).
- 4. (DNSc/PhD ONLY) OFFICE OF THE REGISTRAR**  
Letter for Library microfilming.
- 5. LIBRARY**  
Library obligations checked. (All students)  
Dissertation received (PhD/DNSc students)
- 6. OFFICE OF FINANCIAL AID**  
Student has performed exit interview or been waived.
- 7. LOAN COLLECTION COORDINATOR**  
Student has performed exit interview or been waived.
- 8. BURSAR**  
Status of student's account balance with University checked.
- 9. PARKING GARAGE**  
Student has made arrangements to return AVIT. If Rush parking is not being used, Office of the Registrar can sign.
- 10. OFFICE OF THE REGISTRAR**  
Post-graduation address checked for all students. Survey of Earned Doctorate completed (for DNSc/PhD students only).  
ID Card received? Yes  No  ID Not Issued

1.	_____	_____
	<b>Signature</b>	<b>Date</b>
2.	_____	_____
	<b>Signature</b>	<b>Date</b>
3.	_____	_____
	<b>Signature</b>	<b>Date</b>
4.	_____	_____
	<b>Signature</b>	<b>Date</b>
5.	_____	_____
	<b>Signature</b>	<b>Date</b>
6.	_____	_____
	<b>Signature</b>	<b>Date</b>
7.	_____	_____
	<b>Signature</b>	<b>Date</b>
8.	_____	_____
	<b>Signature</b>	<b>Date</b>
9.	_____	_____
	<b>Signature</b>	<b>Date</b>
10.	_____	_____
	<b>Signature</b>	<b>Date</b>

THIS COMPLETED FORM MUST BE RETURNED TO THE OFFICE OF THE REGISTRAR IN ADVANCE OF THE STUDENT'S OFFICIAL GRADUATION DATE. STUDENTS NOT SUBMITTING THE FORM WILL NOT RECEIVE THEIR DIPLOMA AND WILL BE REQUIRED TO REGISTER FOR THE NEXT QUARTER THEREBY DELAYING THEIR GRADUATION. IF THERE ARE QUESTIONS, PLEASE CONTACT THE OFFICE OF THE REGISTRAR.

# DEGREE APPROVAL INSTRUCTIONS

- A. The Degree Approval Form ("DA") is mandatory and must be circulated "IN PERSON" by the student in the event that the offices below have questions or require interviews. (Distance students should contact their advisor for assistance.)
- B. Plan ahead! Anticipate and set aside the time required to circulate the "DA" form at the end of the quarter.
- C. Each numbered item below corresponds to a signature required on "Part 2" on the other side of this sheet.
- D. After obtaining signatures #1 and #2, signatures #3 through #9 can be obtained in any order with signature #10 being last.
- E. Read all instructions to avoid delays in the approval process.
- F. See type of degree you are earning in one of the columns below and follow the **directions exactly as listed**.
- G. Questions about this process? Call or e-mail: (312) 942-5681 or Registrars\_Office@Rush.edu

**MSN**

**DOCTOR OF NURSING PRACTICE (DNP)**

**DOCTOR OF NURSING SCIENCE (DNSc)**

Complete items 2-3-5-6-7-8-9-10

Complete items 1-2-3-5-6-7-8-9-10

Complete all items 1 through 10

<p>2. Advisor/Associate Chair signs to verify that all academic requirements have been met or will be completed by the end of the quarter.</p> <p>3. Prelicensure students: Info on completing the end of program survey will be provided during the last quarter of study. Specialty <b>MSN</b> students: After completing survey, please contact Ms. Vevlyn Rogers for her signature. Also, HESI on file indicating a passing score for prelicensure students.</p> <p>5. Present the "DA" form to the Library's Circulation desk so that a staff member can ensure that all fines have been paid and all library materials have been returned.</p> <p>6. Present the "DA" form to Financial Aid for an exit interview. If you have not received aid, F.A. will waive the interview and sign the form.</p> <p>7. Present the "DA" form to Loan Collection Coordinator. If you have not received loans, the L.C.C. will waive the interview and sign the form.</p> <p>8. Present the "DA" form to the Bursar for signature and clearance of financial obligations to the University or Medical Center.</p> <p>9. Students utilizing Rush parking must make arrangements to return the AVIT. This can be done up to two weeks before a student leaves the University.</p> <p>10. After obtaining all signatures, submit the Degree Approval form to the Office of the Registrar <b>on or before the last day of the quarter of graduation</b>. Inform Office of the Registrar of post-graduation address. Student ID card must be surrendered at the time this form is submitted. Diplomas are <b>not released</b> to students until this form is on file with the Office of the Registrar.</p> <p><b>OTHER GUIDELINES</b> MSN candidates who will complete degree requirements in the Summer quarter may "march" in the Spring commencement.</p> <p><b>NOTE: Anesthesia</b> MSN candidates who will complete degree requirements in September/October are considered "Summer" graduates and should identify themselves as such for all graduation activities.</p>	<p>1. Committee Chair signs upon completion of the project presentation.</p> <p>2. Advisor/Program Director signs to verify that all academic requirements have been met or will be completed by the end of the quarter.</p> <p>3. After setting project presentation date, make an appointment for the End of Program Survey with Vevlyn Rogers at (312) 942-3168. The survey may only be given after successful completion of project.</p> <p>5. Present the "DA" form to the Library's Circulation desk so that a staff member can ensure that all fines have been paid and all library materials have been returned.</p> <p>6. Present the "DA" form to Financial Aid for an exit interview. If you have not received aid, F.A. will waive the interview and sign the form.</p> <p>7. Present the "DA" form to Loan Collection Coordinator. If you have not received loans, the Loan Collection Coordinator will waive the interview and sign the form.</p> <p>8. Present the "DA" form to the Bursar for signature and clearance of financial obligations to the University or Medical Center.</p> <p>9. Students utilizing Rush parking must make arrangements to return the AVIT. This can be done up to two weeks before a student leaves the University.</p> <p>10. After obtaining all signatures, submit the Degree Approval form to the Office of the Registrar <b>on or before the last day of the quarter of graduation</b>. Inform Office of the Registrar of post-graduation address. Student ID card must be surrendered at the time this form is submitted. Diplomas are <b>not released</b> to students until this form is on file with the Office of the Registrar.</p> <p><b>OTHER GUIDELINES</b> To be eligible to "march" in commencement DNP candidates must have made the project presentation and submitted the completed "DA" form to the Office of the Registrar by the <b>Thursday before Commencement</b>.</p>	<p>1. Committee Chair signs upon completion of dissertation defense and approval of final draft.</p> <p>2. Advisor/Program Director signs to verify that all academic requirements have been met or will be completed by the end of the quarter.</p> <p>3. After setting defense date, make an appointment for the End of Program Survey with Vevlyn Rogers at (312) 942-3168. The survey may only be given after successful defense of the dissertation.</p> <p>4. (Allow <u>two</u> working days for this step.) Present this form to the Office of the Registrar for preparation of microfilm letter needed in #5.</p> <p>5. Present this form and letter from step #3 to the Director of the Library. Submit with original copy of dissertation and money order to <i>Proquest Information and Learning Company</i>. See the information sheet available from the library about microfilming fees and services. There is a \$5 shipping fee payable to the Library for submission of your manuscript to Proquest. Director of Library will also determine if all fines have been paid and all library materials have been returned.</p> <p>6. Present the "DA" form to Financial Aid for an exit interview. If you have not received aid, Financial Aid will waive the interview and sign the form.</p> <p>7. Present the "DA" form to Loan Collection Coordinator. If you have not received loans, the L.C.C. will waive the interview and sign the form.</p> <p>8. Present the "DA" form to the Bursar for signature and clearance of financial obligations to the University or Medical Center.</p> <p>9. Students utilizing Rush parking must make arrangements to return the AVIT. This can be done up to two weeks before a student leaves the University.</p> <p>10. Inform Office of the Registrar of post-graduation address. Degree Approval form should be submitted to the Office of the Registrar <b>on or before the last day of the quarter of graduation</b>. DNSc/PhD students must complete Survey of Earned Doctorate. Student ID card must be surrendered at the time this form is submitted. Diplomas are <b>not released</b> to students until this form is on file with the Office of the Registrar.</p> <p><b>OTHER GUIDELINES</b> To ensure eligibility to "march" in commencement, candidates are advised to defend by <u>May 15<sup>th</sup></u>. The completed "DA" form must be submitted to the Office of the Registrar by the <b>THURSDAY before commencement. No Exceptions!</b></p> <p><b>After</b> approval of dissertation, but <b>before</b> the defense, make an appointment with the Director of the Library (phone: 312-942-2271) to obtain approval of dissertation format and other instructions.</p> <p>Candidates who need a university room for the dissertation defense must reserve a room <b>three</b> weeks in advance with the Coordinator of University Scheduling at (312) 942-5681.</p>
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**Quarterly Graduation Dates:**

Summer 2009 = August 29

Fall 2009 = December 12

Winter 2010 = March 20

Spring 2010 = June 12

Summer 2010 = August 28

Fall 2010 = December 11

Winter 2011 = March 19

Spring 2011 = June 11

**\*\* All MSN Students (Except Anesthesia) Must Complete This Form \*\***

**RUSH UNIVERSITY  
COLLEGE OF NURSING  
NURSE PRACTITIONER/CLINICAL NURSE SPECIALIST PROGRAM OF STUDY  
COMPLETION OF REQUIREMENTS**

**Directions:**

1. This form is completed by students who are enrolled as MSN students only. (MSN students majoring in anesthesia do not complete this form). BSN students do not complete this form. Post-MSN and Post-DNP students complete the **Post-Master's Certificate Approval form**.
2. Student completes the top portion of the form and submits to advisor.
3. Students should make an appointment (in advance) with Vevlyn Rogers at 942-3168 (Room 1061) to complete the End of Program Survey. **MSN, DNP, DNSc and PhD in Nursing** students must obtain Vevlyn Rogers' signature on the **Degree Approval form**.
4. Both the Advisor and the Specialty Coordinator complete the required information and sign and date the form.
5. The Office of the Registrar will indicate on the student's transcript completion of requirements for the practitioner/specialist program. This form must be received by the Office of the Registrar before a student can be graduated.

Name \_\_\_\_\_ RUCONNECTED ID # \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

The above student has successfully completed the program of study for the following program: (Check only ONE specialty. If writing in a specialty title, please use the correct, approved title only.)

- |                                                                               |                                                                      |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> ACNP Acute Care Nurse Practitioner                   | <input type="checkbox"/> MSCS Med-Surgical Clinical Nurse Specialist |
| <input type="checkbox"/> ACCC Acute Care Nurse Practitioner/Critical Care CNS | <input type="checkbox"/> NNP Neonatal Nurse Practitioner             |
| <input type="checkbox"/> AGEN/GEM Advanced Generalist/Clinical Nurse Leader   | <input type="checkbox"/> PANP Acute/Chronic Care Pediatric NP        |
| <input type="checkbox"/> AGNP Adult/Gerontological Nurse Practitioner         | <input type="checkbox"/> PCSA Psychiatric/Mental Health Adult CNS    |
| <input type="checkbox"/> AMSS Adult NP/Medical-Surgical CNS                   | <input type="checkbox"/> PCSC Psychiatric/Mental Health Child CNS    |
| <input type="checkbox"/> ANP Adult Nurse Practitioner                         | <input type="checkbox"/> PHCS Community/Public Health CNS            |
| <input type="checkbox"/> APNP Adult NP/Psychiatric Mental Health NP/CNS       | <input type="checkbox"/> PNP Pediatric Nurse Practitioner            |
| <input type="checkbox"/> CCCS Critical Care Clinical Specialist-Adult         | <input type="checkbox"/> PNPA Psychiatric/Mental Health Adult NP     |
| <input type="checkbox"/> FNP Family Nurse Practitioner                        | <input type="checkbox"/> PNPf Psychiatric/Mental Health Family NP    |
| <input type="checkbox"/> GNP Gerontological Nurse Practitioner                | <input type="checkbox"/> PDCS Pediatric Clinical Nurse Specialist    |
| <input type="checkbox"/> GRCS Gerontological Clinical Nurse Specialist        |                                                                      |
| <input type="checkbox"/> Other _____                                          |                                                                      |

Total Number of Didactic Hours Completed: \_\_\_\_\_ quarter hours equivalent to \_\_\_\_\_ clock hours

Total Number of Clinical Practicum Hours Completed: \_\_\_\_\_ clock hours

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Specialty Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Route to Assistant to the Associate Dean for Academic Affairs

cc: Advisor  
Specialty Coordinator  
Student & Student's File  
Office of the Registrar

OFFICE  
ENTERED IN DATABASE \_\_\_\_\_  
DISTRIBUTED COPIES \_\_\_\_\_