

Student Last Name:	Student First Nam	e:		Middle Initial:
WSU Student ID Number:	E-mail: Telephone:		Telephone:	
DNP Pathway:	Clinical Specialty:			
Academic Advisor:		Academic Advisor's E	-mail:	

## REQUIREMENTS FOR CANDIDACY STATUS CHECKLIST:

Completion of approximately 28-32 hours of course work (attach current transcript)

Successful completion of Preliminary Examinations:

Date Written Preliminary Exam \_\_\_\_\_

Date of Oral Preliminary Exam

**DNP** Project Committee Approved

## DNP PROJECT COMMITTEE MEMBERS:

Name	Access Id	Signature	Date
Chair's			
Name:			
Reader's			
Name:			
Member's			
Name:			
Clinical Consultant's Name:			

Signature: D	Date		
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CC:			
	Dir AP:	Student:	
	cademic Advisor:	Student File:	
	Chair:	Data Officer:	

Note: This form is to be used by faculty to request the College of Nursing to advance DNP students to degree Candidate Status. Please provide data to indicate that all four requirements for Candidacy have been successfully completed. Candidacy is not conferred until the Director of Advanced Practice and Graduate Certificate Programs has signed the completed paperwork.