

**University of San Diego
Hahn School of Nursing and Health Science**

APPLICATION FOR PHDN 694: SPECIAL TOPICS IN NURSING RESEARCH

PRIOR to class reservation, this form should be typed or completed online.
Obtain signatures of approval.

Name: _____ **ID#:** _____
Address: _____ **Telephone No.:** _____
City, State, Zip: _____ **Secondary No.:** _____

To be completed during (circle one): Intersession / Spring / Summer / Fall of _____
(Year)

Project Title:

Description of Proposed Study:

Description of materials, resources and methods to be employed:

Method of Evaluation (to be completed by Faculty):

Approved:

Denied:

Faculty Mentor _____ Date

Approved:

Denied:

PhD Program Director _____ Date

Copies to be sent to Registrar, Advisor, Student