

The University of Kansas School of Nursing

**Doctor of Philosophy in Nursing
Approval of Minor Paper**

Date_____

Student Name:_____ KU ID Number:_____

Dissertation Chair:_____

Faculty Member Responsible for Minor Paper:_____

Title of Minor Paper:_____

Date Minor Paper Submitted:_____

Evaluation of Minor Paper by Faculty Member: Approved Not approved
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Comments (if any):

Signature of Faculty Member:_____ Date:_____

(Submit to Carolyn Ross in School of Nursing Student Affairs Office-G020 SON)