



Applicant:

### Application Contacts

Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	
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Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	

**GENERAL AUDIENCE SUMMARY**

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.

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*Applicant:* [Click here and type last name, first name]

3.1

**REPLY TO PREVIOUS REVIEWS** (resubmissions only)

**Doctoral Degree Scholarship in Cancer Nursing - Non-competing Renewal Application**

**PROGRAM PLAN – PART I**

**A. CANDIDATE INFORMATION**

Current GPA	
Date applicant began in program	
Expected graduation date	
Degree to be awarded and specialty	

<b>Course Work</b>	credits / hours / units <i>(please specify one)</i>	% program completed
Minimum required for the doctoral degree		
Minimum registration for full-time doctoral students		
Completed prior to September 1, 2009		
To be completed September 2009 – August 2011		

**Faculty Advisor / Dissertation Chair**

If the faculty advisor has changed or the dissertation chair has been chosen since the initial application, please name and include a biographical sketch in Part II. Note: the person named here should also complete **Part II: Program - Advisor Information**.

Name and Title	
Address	
Phone:	Fax:
Email:	

Please indicate if you are receiving financial assistance for your doctoral education.

<u>Funding Agency</u>	<u>Amount</u>	<u>Dates of Assistance</u>
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### Membership in Professional Organizations

Dates                      Organization                      Offices Held/Committee Memberships

### Volunteer Activities (with the American Cancer Society or other community organizations)

Dates                      Organization                      Activity/Frequency

**Professional Contributions:** List your most significant contributions in the space provided. Specify audience as local, state, regional, national or international.

a. Presentations:

Date                      Title                      Location (e.g., title of conference and sponsoring organization)                      Audience

Applicant: [Click here and type last name, first name]

4.4

b. Publications (List full citation for all in preparation, submitted, in press, or published.):

c. Research:

<u>Date</u>	<u>Title</u>	<u>Role</u>	<u>Outcomes</u>
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d. Other: (development of standards, teaching tools, videos, etc.; list dates)

<u>Date</u>	<u>Title</u>
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C. Update the plan of the courses you previously projected to fulfill your degree requirements by adding grades, dates completed and the outcomes (see the example on the first line.) **If this was a change from your projected course of study, indicate with an asterisk (\*) and explain the reason for the change on the line below.** If you have not completed your course work, include the courses you project to fulfill your degree requirements. [Use continuation pages as needed (you may also delete the example from your document).]

Semester & Year	Course Number and Title	Credit Hours	Grade Earned	Brief Description of Course Content	Outcome
<b>EXAMPLE:</b>					
Spring 2010	NRM 771 Methods/Measurement in Nursing Research	3	A	Overview of the theories, principles, and techniques that yield reliable and valid measurement of human systems	Outcome examples: experience in research skill, such as reliability analysis; grant or portion written, abstract or paper submitted.

**D. PROGRAM PROGRESSION TIME LINE (Please complete all parts)**

Program Phase	Date Completed or Projected Date of Completion	Not Applicable - Explain Why
Preliminary Exam and/or Qualifying Exam		
Proposal Defense or Colloquium		
Admitted to Candidacy		
IRB Proposal Approval for dissertation research A. Academic Institution B. Data Collection Site(s) (list all sites)		
Data Collection		
Data Analysis (Describe status)		
Dissertation Defense		
Final Filing With Graduate Office/Graduation Release		

**E. RESEARCH PLAN A \_\_\_OR B \_\_\_\_ (check one).**

This Research Plan should reflect your current thinking about your phenomenon of interest. Do not submit the same plan you did with your original application. The committee will be reviewing this information on the basis of progress in your thinking.

**PROGRAM PLAN — PART II. PROGRAM - ADVISOR INFORMATION**

**To be completed by the faculty advisor/dissertation chair. See Instructions.**

- A. Update the original training plan for the candidate with any additional educational or research activities (e.g., classes, seminars).
- B. Comment on the candidate's progress and potential for a research career. Please note that any changes listed by the applicant on the Program Progression Timeline must be addressed here as well.

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**BIOGRAPHICAL SKETCH**

Provide the following information for the faculty advisor/dissertation chair

**DO NOT EXCEED TWO PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i> )			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

**A. Research and Professional Experience**

Concluding with present position, list in chronological order, previous employment, experience, and honors.

**FACULTY ADVISOR/DISSERTATION CHAIR BIOGRAPHICAL SKETCH (continued)**

**B. Publications**

List in chronological order, the titles, all authors, and complete references for all publications during the past three years and for representative earlier publications pertinent to this application.