



Cizik School of Nursing

PHD APPLICATION

FACULTY SUPPORT FORM

All applicants to our PhD program are to meet with their proposed faculty match(es) when they are preparing their application. After meeting with an applicant, faculty are to complete this Faculty Support Form and then faculty are to email the completed form directly to the Cizik School of Nursing PhD Admissions Committee at CSON-PhD-Admissions@uth.tmc.edu.

APPLICANT NAME: _____

FACULTY NAME: _____

Have you met with the applicant on at least one occasion?	
Yes	No
Do you feel that you are a good match to guide the applicant through the PhD program?	
Yes	No
Are you available to serve as the applicant's advisor?	
Yes	No
Based only on your interactions to date, do you think this applicant should be offered an interview for the PhD program?	
Yes	No
Comments	

FACULTY SIGNATURE: _____

DATE SIGNED: _____