



DNP Project Committee Appointment Form

Student: _____ PID: _____ Date: _____

EMAIL: _____

The following person has consented to serve as the Chair of my thesis committee

_____	_____	_____
Printed name	Signature	Date

The following individuals have consented to serve on my thesis committee

_____	_____	_____
Printed name	Signature	Date

_____	_____	_____
Printed name	Signature	Date

Approved:

_____	_____
Associate Dean College of Nursing	Date

_____	_____
Interim Dean College of Nursing	Date