



DNP Project Defense Notification

To: College of Nursing Graduate Program Office

From: DNP Project Chair

Date: _____

Student: _____

I Certify that his/her DNP Project is ready for defense.

Chair, DNP Project Committee

Date

DNP Project Announcement Information

~ Please type or print legibly ~

Date: _____

Day: _____ Time: _____

Room No: _____

Building: _____

TITLE OF DNP PROJECT:

This announcement must be in the CON Graduate Program Office two weeks prior to the defense date.

Attach Project Abstract