



**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