



DNP Project Proposal Approval Form

MEMORANDUM

To: College of Nursing Graduate Student Services Office

From: Chair and Project Committee

Date: _____

Student: _____

Proposal Title: _____

This is to certify that the above named student has successfully defended her project proposal defense and may proceed to project research.

PROJECT COMMITTEE MEMBERS:

Chair Date Outcome: _____

Committee Member Date _____

Committee Member Date _____

Committee Member Date _____

Committee Member Date _____

Approved:

Susan K. Chase, Associate Dean, College of Nursing Date

Mary Lou Sole, Interim Dean, College of Nursing Date