



**DNP PROJECT PROPOSAL DEFENSE NOTIFICATION**

To: College of Nursing Graduate Program Office

From: DNP Project Chair

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Title Proposal:

Date and Time of DNP Project Proposal Defense: \_\_\_\_\_

Location: \_\_\_\_\_

**DNP PROJECT COMMITTEE MEMBERS**

\_\_\_\_\_  
Chair Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Associate Dean, College of Nursing Date

\_\_\_\_\_  
Interim Dean, College of Nursing Date