

PM DNP CHANGE OF COMMITTEE or CHANGE OF PM DNP SCHOLARLY PROJECT TOPIC FORM

Case Western Reserve University - Frances Payne Bolton School of Nursing

Date: _____

To: Donna Dowling PhD, RN
Associate Professor, Director, Post Master DNP Program

From: _____



ORIGINAL COMMITTEE

Signature of Committee Chair: _____

Signature of Committee Member 1: _____

Signature of Committee Member 2: _____

Signature of Committee Member 3: _____

Please make the change of committee as follows:

FROM: _____
(Print Name of Present Committee Member)

TO: _____
(Print Name of New Committee Member)

CHANGE OF SCHOLARLY PROJECT TOPIC TO:

SIGNATURES

Present Committee* Member: _____ Date: _____

New Committee Member: _____ Date: _____

Committee Chair: _____ Date: _____

Director, Post Master DNP Program _____ Date: _____

(*Signature is not necessary if committee member is no longer at FPB School of Nursing.)

Return this form to the PM DNP Office, Room 219A