

CASE WESTERN RESERVE UNIVERSITY
Frances Payne Bolton School of Nursing

Post-Masters Doctor of Nursing Practice Program

Notice of DNP Scholarly Project Topic & Committee Members

Name of DNP student: _____ Email: _____

Title of DNP Scholarly Project study:

I hereby agree to serve as the **Chairperson** of the Scholarly Project Committee for the above-named student.

Signature: _____ Date: _____

Print Name

I hereby agree to serve as a **Member** of the Scholarly Project Committee for the above-named student.

Signature: _____ Date: _____

Print Name

I hereby agree to serve as a **Member** of the Scholarly Project Committee for the above-named student.

Signature: _____ Date: _____

Print Name

List any additional names of people expected to serve on Scholarly Project Committee:

Approvals

Signature: _____ Date: _____

Post-Masters DNP Program Director

When you have completed this form, return it to the DNP Program Director.