

**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: Department Assistant  
dnpasst@case.edu

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**