

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:

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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:

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### Approvals

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

Post-Masters DNP Program Director

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