

CASE WESTERN RESERVE UNIVERSITY  
Frances Payne Bolton School of Nursing

Post-Masters Doctor of Nursing Practice Program

## Proposal Approval Form

*This form should be typed.*

Name of DNP Student:

Student Email Address:

Title of DNP Scholarly Project Proposal:

I hereby accept this proposal for DNP Scholarly Project and approve it for submission to the Center for Research and Scholarship.

Committee Chair: Date

Type Name

Committee Member: Date

Type Name

Committee Member: Date

Type Name

DNP Program Director: Date

Type Name

*Return completed form to the DNP Program Director.*