CASE WESTERN RESERVE UNIVERSITY

Frances Payne Bolton School of Nursing

Doctor of Nursing Practice Program

**Change of DNP Project Topic or Committee Member**

**(**This form should be typed or hand printed)

# Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHANGE OF PROJECT COMMITTEE**

Please change the DNP Project Committee as follows:

FROM:

(Print Name of Present Committee Member)

Signature of Present Committee Member: Date:

(Signature is not required if the individual is no longer with the organization)

TO:

(Print Name of New Committee Member)

Signature of New Committee Member: Date:

(The new committee member must have the same role (practice partner or FPB faculty) as the former member).

(If there is new practice partner, the letter of agreement and CV must accompany this form).

**CHANGE OF PROJECT TOPIC**

**(**State new topic below)

## SIGNATURES

Faculty Committee Chair: Date:

Director, DNP Program Date:

## The fully signed form is forwarded to the DNP Program Assistant, dnpasst@case.edu

The student should retain a copy of this form for their records or portfolio.