CASE WESTERN RESERVE UNIVERSITY

Frances Payne Bolton School of Nursing

 Doctor of Nursing Practice Program

Notice of DNP Project Topic & Committee Members

*This form should be typed or hand printed.*

Name of DNP student: Email:

Title of DNP Project

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I agree to serve as the FPB Faculty Chair of the DNP Project Committee.

Signature: Date:

Print Name

I agree to serve as FPB Faculty Member of the DNP Project Committee.

Signature: Date:

Print Name

 I agree to serve as Member of DNP Project Committee.

Signature: Date:

Print Name

**Approvals**

Signature: Date:

DNP Program Director

## 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.

Copy: DNP student, committee members