CASE WESTERN RESERVE UNIVERSITY

Frances Payne Bolton School of Nursing

Doctor of Nursing Practice Program

DNP Project Proposal Approval Form

*This form should be typed or hand printed.*

Name of DNP Student: Student Email Address:

Title of DNP Project:

I hereby accept this proposal for DNP Project and approve it for submission to the CWRU Institutional Review Board.

Committee Chair:

(FPB Faculty) Date

Type Name

Committee Member:

(FPB Faculty) Date

Type Name

Committee Member:

 Date

Type Name

DNP Program Director: Date

Type Name

## 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 to DNP Student, Committee members