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: _____

Form with signatures of committee chair and committee member is forwarded to the DNP Program Assistant, dnpasst@case.edu
The student should retain a copy of this form for their records or portfolio.

Revised 01/2020, 7/22/2026