

CASE WESTERN RESERVE UNIVERSITY

Frances Payne Bolton School of Nursing

Doctor of Nursing Practice Program

Final Approval of the DNP Project

This form should be typed or hand printed.

The undersigned certify that the following student has successfully completed oral presentation of the final written DNP Project (report or manuscript). They also certify that written approval has been obtained for any proprietary material contained therein.

Student Name _____

Title of Project: _____

Date of Presentation _____

Faculty Committee Chair- print

Signature

FPB Faculty Committee Member - print

Signature

Committee Member - print

Signature

Submission of the Written Project

When corrections to the project are complete, the Faculty Chair will sign for the entire committee. Completed project approved on _____ Faculty Chair _____

Program Director's Certification for Degree Completion

When all appropriate course work has been completed, the project successfully written and presented to the team, all corrections made, and the final project report submitted per the DNP Project Guidelines, the Program Director will sign and recommend certification for the student to graduate.

The undersigned certifies that the aforementioned student has satisfied all departmental requirements and is recommended for the degree of Doctor of Nursing Practice.

DNP Program Director _____

Date _____

The form signed by all committee members is forwarded to the DNP Program Assistant, dnpasst@case.edu.

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