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

Committee Chair:_____ Date:_____
(FPB Faculty)

Type Name_____

Committee Member:_____ Date_____
(FPB Faculty)

Type Name_____

Committee Member:_____ Date_____

Type Name_____

DNP Program Director:_____ Date_____

Type Name_____

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.

Copy to DNP Student, Committee members

Revised 08/08/11,1/2020, 6/12/2026