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:

_____

_____

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 formed 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: DNP student, Committee members

Revised 1/2020, 6/12/26