

College of Nursing

DNP Project Committee Appointment Form

Student:	PID:	PID: Date:	
EMAIL:			
The following person has conse	ented to serve as the Chair of	my thesis committee	e
Printed name	Signature		Date
The following individuals have	consented to serve on my the	esis committee	
Printed name	Signature		Date
Printed name	Signature		Date
Approved:			
Associate Dean College of Nursing			Date
Interim Dean			Date

Interim Dean College of Nursing