



DNP Residential Project Committee Appointment Request

Student's Name: _____

Student's Number: _____

Date Submitted: _____

I request that the faculty members listed below be appointed to serve as my Residential Project committee.

Name of Chair*

Signature, Chair of Committee

Member*

Signature, Member

Member*

Signature, Member

Member*

Signature, Member

Signature of Student
*Please type or print

Signature of Director of DNP
Program, School of Nursing

To be completed during the semester enrolled in:
N9080 Section 1 DNP Residency Project