Approval of DNP Residency Project Proposal and the Institutional Review Board Protocol

Candidate's name: _____ Mizzou ID number: _____
(*Last Name, First Name)*

Project Title:_____

Signatures of review members
(Please sign full names legibly)

	Acceptable	Unacceptable
Chair:_____ *print & sign*	☐	☐
Member:_____ *print & sign*	☐	☐
Member:_____ *print & sign*	☐	☐
Member:_____ *print & sign*	☐	☐
The clinical project is:	☐	☐

The Program Committee has explained the decision regarding the acceptability of my project proposal.

_____ _____

Student Signature Date

_____ _____

Director, DNP Program in Nursing Date