THE UNIVERSITY OF VERMONT
DEPARTMENT OF NURSING

Doctor of Nursing Practice (DNP) Project Committee Form

Student Name: ________________________________________________

Project Title: __________________________________________________

Committee Membership

______________________________ (Department of Nursing Faculty and Member of the UVM Graduate College Faculty)

Project Advisor
Signature and Date

Agency Mentor or UVM Faculty
Signature and Date

Student
Signature & Date

It is the student’s responsibility to complete this form and return to the Department of Nursing by the published due dates.
DNP Project Proposal Accepted

Student Name: ______________________________________________________

Project Title: ______________________________________________________

_______________________________________________________________

(Department of Nursing Faculty and Member
of the UVM Graduate College Faculty)

Project Advisor
Signature & Date

_______________________________________________________________

Agency Mentor or UVM Faculty
Signature & Date

It is the student’s responsibility to complete this form and return to the Department of Nursing by the published due dates.
THE UNIVERSITY OF VERMONT
DEPARTMENT OF NURSING

Oral Presentation of DNP Project Successfully Completed

Student Name: ________________________________________________

Project Title: __________________________________________________

__________________________________________
(Project Advisor
Signature & Date)

__________________________________________
(Agency Mentor or UVM Faculty
Signature & Date)

It is the student’s responsibility to obtain each committee member’s signature and submit to the Department of Nursing day of the presentation.

____________________________________
(Department of Nursing Faculty and Member
of the UVM Graduate College Faculty)

____________________________________
(Project Advisor Signature & Date)

Received □

____________________________________
(Signature & Date)