

**THE UNIVERSITY OF VERMONT
DEPARTMENT OF NURSING**

Doctor of Nursing Practice (DNP) Project Committee Form

Student Name: _____

Project Title: _____

Committee Membership

Project Advisor
Signature and Date

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

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.*

**THE UNIVERSITY OF VERMONT
DEPARTMENT OF NURSING**

DNP Project Proposal Accepted

Student Name: _____

Project Title: _____

Project Advisor
Signature & Date

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

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

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

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:
Final Copy Received**

Project Advisor Signature & Date

Received

Signature & Date