

APPENDIX IX

(CON INTERNAL FORM USE ONLY)

DNP PROJECT PROPOSAL APPROVAL FORM

TO: COMMITTEE CHAIR NAME: _____

COMMITTEE MEMBER NAME: _____

COMMITTEE/COMMUNITY OR

AGENCY REPRESENTATIVE NAME: _____

FROM: _____

(DNP CANDIDATE)

THIS IS TO INFORM YOU THAT MY DNP PROJECT PROPOSAL DEFENSE WILL BE HELD ON

_____ AT _____ IN ROOM _____ LOCATED IN
(DATE) (TIME)

(BUILDING)

THE TITLE OF MY DNP PROJECT IS

This notification confirms that all members of my DNP Project Committee have been notified within two weeks of this proposal defense and will attend the agreed upon date, time and location of the proposal defense as well as acceptance of a draft form of my proposal ready for presentation.

(DNP CANDIDATE)

CC: All Committee Members
Student