



COLLEGE of NURSING
EAST TENNESSEE STATE UNIVERSITY



Whitson-Hester School of Nursing
TENNESSEE TECH

DNP Project Abstract

Instructions: Complete an abstract capturing the following components of the DNP project (300 word maximum). Complete the Final Defense approval form. Email the forms to project chair.

Degree: DNP

Degree Concentration: (PMHNP, FNP, AGACNP, etc.)

Title of Project:

Purpose:

Methodology:

Results:

Implication for Practice:



DNP Project Final Defense Approval Form

TO: Committee Chair Name:

Committee Member Name:

Committee Member Name:

Committee Member Name:

From:
(DNP Candidate)

This is to inform you that my Final DNP Project Defense will be held on _____ at _____
(Date)
_____ in room _____ located in _____
(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