



**The Appointment of an Advisory Committee for the DNP Degree**

Student Name:

E or T #:

Admitted to the doctoral study in the ETSU-TTU DNP Program in the \_\_\_\_\_ of \_\_\_\_\_

Field of Study: Nursing Practice                      Concentration: \_\_\_\_\_                      Degree: DNP

*Note:* On admission to the program, the student will be assigned a major academic advisor. The major academic advisor will approve the student’s program of study and advise the student throughout coursework. The DNP Program Director/Coordinator will select and assign the student’s chair. The DNP Project chair and student will identify additional committee members. The chair of the committee will be a doctorally prepared ETSU/TTU faculty member with graduate faculty status at both universities. Committee members must hold IRB CITI Training.

The members of the student’s advisory committee, as indicated below, were designated during a conference with the student on (Date) \_\_\_\_\_

Signature of DNP Program Director/Coordinator \_\_\_\_\_

Faculty signature affixed below constitute acceptance of the advisory committee assignment.

<input type="text"/>	<input type="text"/>	_____	_____
(Chair, Advisory Committee)	(Phone Number)	(Signature)	(Date)
<input type="text"/>	<input type="text"/>	_____	_____
(Committee Member)	(Phone Number)	(Signature)	(Date)
<input type="text"/>	<input type="text"/>	_____	_____
(Committee Member)	(Phone Number)	(Signature)	(Date)
<input type="text"/>	<input type="text"/>	_____	_____
(Committee Member)	(Phone Number)	(Signature)	(Date)
<input type="text"/>	<input type="text"/>	_____	_____
(Committee Member)	(Phone Number)	(Signature)	(Date)

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Grad	Faculty
Expiration Status	Date
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