

**Widener University  
School of Nursing**

***Doctor of Nursing Practice Program***

**DNP Project Proposal Approval Form**

The DNP Project Approval Form is to be submitted by the student and signed by the DNP Advisors and submitted to the Graduate Nursing Office for approval by the Program Director.

\_\_\_\_\_  
Student name (print) \_\_\_\_\_ date

Project Title:  
\_\_\_\_\_

\_\_\_\_\_

I hereby accept the DNP Project Proposal for the student named above.

\_\_\_\_\_  
**Advisor member** (signature) \_\_\_\_\_ email address

\_\_\_\_\_  
Position \_\_\_\_\_ telephone \_\_\_\_\_ date

\_\_\_\_\_  
**Advisor member** (signature) \_\_\_\_\_ email address

\_\_\_\_\_  
Position \_\_\_\_\_ telephone \_\_\_\_\_ date

**APPROVED:** \_\_\_\_\_  
Director, Doctor of Nursing Practice Program \_\_\_\_\_ date

- Proposal Completed
- Researcher Certification for Protection of Human Rights
- IRB Approval received
- (not needed)

SDB:eab 9/24/10  
Evaluation Committee revised 3/31/11; 7/15; 7/16  
Revised SDB 9/14