

Widener University
School of Nursing
Doctor of Nursing Practice Program

CONSENT TO SERVE ON DNP PROJECT

PART I - Please have committee chairperson complete and return to the Graduate Nursing Office

I hereby consent to serve _____ DNP project advisors.
(name of doctoral student)

e-mail address of doctoral student: _____

TITLE OF DNP PROJECT _____

APPROVED: _____
Director, Doctor of Nursing Practice Program Date

PART II Please have committee member complete and return to the Graduate Nursing Office.

1. _____
Advisors (signature) Position

_____ Address Email Address

_____ Telephone Date

2. _____
Advisors (signature) Position

_____ Address Email Address

_____ Telephone Date

APPROVED: _____
Director, Doctor of Nursing Practice Program Date

SDB/MBW/eab 9-24-10

Revised 10/13, 7/16

Must be accompanied by Curriculum Vitae of member outside the
School of Nursing

This form is to be submitted to the Nursing Graduate Office and will be copied to the Director of the Doctor of Nursing Practice program director and committee members.

SDB 12/1/15; 7/16