

**Widener University
School of Nursing**

Doctor of Nursing Practice Program

DNP Project Completion Form

This form is to be completed by Advisors and submitted to the Graduate Nursing Office for approval by the Program Director. The student will receive a copy of the form to be placed on the second page of the completed project

Student name (print)

date

Project Title:

We hereby certify that the above named student has successfully completed the Doctor of Nursing Practice Project.

Advisor (print)

Advisor (print)

date

date

APPROVED: _____

Director, Doctor of Nursing Practice Program

date

SDB:eab 9/24/10
Eval Com reviewed 3/31/11 edited sdb 9-11
Revised 10/13; Revised 9-15 sdb; Revised 5/17/19