

Approval of DNP Scholarly Project Proposal

Student Name:

NKU ID #

Program of Study:

Scholarly Project Title:

(Student's name) has met the requirements for the scholarly project proposal and may start implementation of the scholarly project pending Institutional Review Board approval.

Faculty Chair/Project Advisor*:

Date:

**Signature and credentials*

NAP Faculty Advisor (NAP

Date:

program students only

**Signature and credentials*

Practice Mentor*:

Date:

**Signature and credentials*

Graduate Program Director:

Date:

**Signature*

Please forward to Office of Graduate Education, AC 302 or send electronically to graduate@nku.edu.

Date Received by Office of Graduate Education: