



**DNP Project Proposal Approval Form**

TO: Committee Chair Name:

Committee Member Name:

Committee Member Name:

Committee Member Name:

From:

(DNP Candidate)

This is to inform you that my DNP Project Defense will be held on \_\_\_\_\_ at \_\_\_\_\_  
(Date)

\_\_\_\_\_ in room \_\_\_\_\_ located in \_\_\_\_\_  
(Time) (Building)

The title of my DNP Project is

This notification confirms that all members of my DNP Project Committee have been notified within two weeks of this proposal defense and will attend the agreed upon date, time, and location of the proposal defense as well as acceptance of a draft form of my proposal ready for presentation.

\_\_\_\_\_  
(DNP Candidate)

CC: All Committee Members  
Student