DNP Scholarly Practice Project
Defense Approval Form

Formal approval is hereby given to this Scholarly Practice Project:

______________________________          ______________________________
Student Name                          Student Signature

______________________________
Date

______________________________
Title of DNP Scholarly Practice Project

______________________________          ______________________________
DNP Advisor                          Signature

______________________________          ______________________________
Faculty Member                       Signature

______________________________          ______________________________
Faculty Member (optional)             Signature (optional)

______________________________          ______________________________
Practice Mentor                      Signature (optional)

______________________________
Clareen Wiencek, PhD, RN, CNP, ACHPN
Director, Advanced Practice Programs

______________________________
Signature

Instructions
1. Please have this form prepared at the time of your final defense.
2. Print and bring to defense to collect signatures.
3. Note that the title of work on this form and the title page of your project must match exactly and cannot be changed once you begin the Libra process. If your title changes after you collect signatures, you will need to re-do the form and obtain signatures again.
4. Submit to Andrew Breen, Advanced Practice Program Manager: McLeod Hall, Office 4017 or agb4k@virginia.edu

For office use only

Date Received:__________________          Program Manager:_____________(initials)