

DNP Defense Approval Form



Formal approval is hereby given to this
Scholarly Practice Project Defense:

SCHOOL *of* NURSING

Student Name

Student Signature

Date

Title of DNP Scholarly Practice Project

DNP Advisor

DNP Advisor Signature

2nd Reader (Faculty)

2nd Reader Faculty Signature

Practice Mentor

Practice Mentor Signature (optional)

Beth Quatrara, DNP, RN, CMSRN, ACNS-BC
DNP Program Director

Program Director Signature

Instructions

1. Please have this form prepared at the time of your proposal defense.
2. Print and bring to defense to collect signatures.
3. Submit to Devan Cooper, Advanced Practice Program Manager:
McLeod Hall, Office 4017, or ded6v@virginia.edu.

For office use only

Date Received: _____

Program Manager: _____ (initials)