



DNP Oral Preliminary Exam Application

Student Last Name:	First Name:	Middle Initial:
Student Banner ID #	Student Access Code:	
I intend to take my Oral Preliminary Exam: DATE: _____ (month/date/year)		
By completing this form, I am stating my intention to take my oral preliminary exam on the date provided above. I understand that it is my responsibility to ensure that I meet the criteria for the exam.		
My DNP Project Committee members are: The DNP Project Chair is: _____ The DNP Project Reader is: _____		
Student Signature:		Date:
Academic Advisor Signature		Date:
DNP Project Chair's Signature:		Date:
Director of Advanced Practice and Graduate Certificate Programs Signature:		Date:

cc:

☐ Dir AP: _____
☐ Academic Advisor: _____
☐ Chair: _____

☐ Student: _____
☐ Student File: _____
☐ Data Officer: _____