



## DNP ORAL PRELIMINARY EXAM COMPLETION APPROVAL FORM

Student Last Name:	First Name:	Middle Initial:
Student Banner ID #:	E-mail:	Telephone:
<input type="checkbox"/> This student has successfully completed the <i>oral</i> portion of the preliminary exam and has demonstrated the level of competency to begin their scholarly DNP Project.		
<input type="checkbox"/> This student has failed to demonstrate the level of competency in the <i>oral</i> portion of the preliminary exam necessary to begin the DNP Project. Please provide justification for this decision)		
Comments:		
Signature of DNP Project Committee Chair:		Date:
Signature of DNP Project Committee Reader:		Date:
Signature of Outside Member:		Date:
Signature of Director of Advanced Practice and Graduate Certificate Programs:		Date:

cc:

<input type="checkbox"/> Dir AP: _____ <input type="checkbox"/> Academic Advisor: _____ <input type="checkbox"/> Chair: _____	<input type="checkbox"/> Student: _____ <input type="checkbox"/> Student File: _____ <input type="checkbox"/> Data Officer: _____
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*Note: This form is to be used by faculty at the conclusion of the oral preliminary exam*

*Revised 4/1/2020 LN-S*