

# DNP Project Committee Approval

Student Last:	Student First Name:	Middle Initial:
WSU Student ID Number:	Email Address:	
DNP Project Objectives/ Goals:		
DNP Project Chair:		
DNP Project Chair's expertise and fit with DNP Project:		
DNP Project Reader (WSU Faculty):		
DNP Project Expertise and Fit with DNP Project:		
DNP Consultant:		DNP Project Consultants Affiliation:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied--Comments:		

Academic Advisor Signature:	Date:
DNP Project Chair's Signature:	Date:
Director of Advanced Practice and Graduate Certificate Programs Signature	Date:

cc:

<input type="checkbox"/> Dir AP:	<input type="checkbox"/> Student:
<input type="checkbox"/> Academic Advisor:	<input type="checkbox"/> Student File:
<input type="checkbox"/> Chair:	<input type="checkbox"/> Data Officer: