



DNP WRITTEN PRELIMINARY EXAM COMPLETION FORM

Student Last Name:	First Name:	Middle Initial:
Student Banner ID #:	E-mail:	Telephone:
<p>This student has successfully completed the written portion of the preliminary exam and has demonstrated the level of competency necessary to progress to scheduling the oral preliminary exam with their DNP Project Committee.</p> <p>DATE FOR WRITTEN PRELIMINARY EXAM: _____</p> <p>This student has failed to demonstrate the level of competency in the written portion of the preliminary exam necessary to progress in the oral preliminary exam process. The student will be required to repeat the Written Preliminary Exam.</p> <p>DATE OF WRITTEN PRELIMINARY EXAM: _____</p>		
<p>Comments:</p> <p>Students who pass the Written Preliminary Exam must schedule the Oral Preliminary Exam within the required time. [See DNP Student Handbook]</p> <p>Students who do not pass the Written Preliminary Exam should meet with their Academic Advisor as soon as possible to reschedule the exam as required. [See DNP Student Handbook]</p>		
DNP Project Chair Signature:		Date:
Director of Advanced Practice and Graduate Certificate Programs Signature:		Date:

cc:

☐ **Dir AP:** _____

☐ **Academic Advisor:** _____

☐ **Chair:** _____

☐ **Student:** _____

☐ **Student File:** _____

☐ **Data Officer:** _____

Note: This form is to be used by Director of Advanced Practice and Graduate Certificate Programs at the conclusion of the written preliminary exam

Revised 4/1/2020 LN-S