



# DNP Project Consultant Approval Form

|   |                     |                 |
|---|---------------------|-----------------|
| Student Last Name:  | Student First Name: | Middle Initial: |
| WSU Student ID Number:  |                     |                 |
| Recommended Clinical Consultant:  |                     |                 |
| Institution that DNP Project will be conducted:   |                     |                 |
| Clinical Consultant Employer:   |                     |                 |
| What expertise does this Clinical Consultant have that contributes to your DNP Project topic? |                     |                 |

\_\_\_\_\_  
Academic Advisor Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Director of Advanced Practice and Graduate Certificate Programs  
Signature:

\_\_\_\_\_  
Date:

cc:

☐ Dir AP: \_\_\_\_\_  
☐ Academic Advisor: \_\_\_\_\_  
☐ Chair: \_\_\_\_\_

☐ Student: \_\_\_\_\_  
☐ Student File: \_\_\_\_\_  
☐ Data Officer: \_\_\_\_\_