



The Graduate School of Nursing

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Student First Name		Student Last Name	
Student Email Address			
ORCID (You must register if you do not already have an ORCID)			
DNP Committee Chair			
Title of Project			

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This document has been reviewed and accepted by the student's DNP Committee Chair, on behalf of the advisory committee and the Graduate School of Nursing; we verify that this is the final, approved version of the student's project including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

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DNP Committee Chair Signature:	Date