



The University of Toledo College of Nursing
DNP DOCTORAL PROJECT PROPOSAL DEFENSE

Date : _____

Student: _____

Rocket Number: _____

Title of Project:

I hereby certify that the above titled document does not contain any copyrighted material, or that I have obtained permission from the publisher to include any copyrighted material.

Student's signature Date

Recommendations of the Committee:

Committee Action:

- Passed – Project Proposal is acceptable as is.
- Passed – Project Proposal is acceptable pending requested recommendations.
- Failed – Project Proposal is unacceptable.

Signatures:

Capstone Project Director: _____
(Signature, credentials) Date:

Committee Member: _____
(Signature, credentials) Date:

Committee Member: _____
(Signature, credentials) Date:

Committee Member: _____
(Signature, credentials) Date:

Program Director: _____
(Signature, credentials) Date: