Doctorate in Nursing Practice Committee and Advance to Candidacy* Form

DNP Candidate’s Name: _____________________________________________________________ B#________________

DNP Scholarly Project Chair: ______________________________________________________ B#________________

DNP Scholarly Project Co-Chair: ___________________________________________________ B#________________

DNP Scholarly Project Member: ____________________________________________________ B#________________

DNP Scholarly Project Member: ____________________________________________________ B#________________

Content Expert: _________________________________________________________________ B#________________

IRB Approval Acquired (please attach appropriate documentation to this form):

- Date approved by DNP Committee Chair/Submitted for IRB approval: _________________
- Yes ☐
  - Date of BU IRB approval (if necessary) ______________ Approval # ______________
    or
  - Outside Agency IRB Approval:
    Name: _____________________________________________ Date: _____________________
- N/A ☐

Chapter 1 approval ☐ Date: ______________

Chapter 2 approval ☐ Date: ______________

Chapter 3 approval ☐ Date: ______________

* DNP Committee Chair and Candidate signatures below indicate all steps for Recommendation for Admission to Candidacy for the DNP degree are complete. The date on this form will be recorded by the Graduate School as the official date of advancement to candidacy. The DNP Committee Chair is required to submit this form to the Decker School Graduate Program Office; the Graduate Program Office in turn then prepares and submits the official Graduate School Recommendation for Admission to Candidacy for Doctoral Degree form to the Graduate School. NOTE: The Graduate School Recommendation for Admission to Doctoral Candidacy form must be submitted to the Graduate School NO LATER THAN the last day of the semester prior to the semester in which a candidate intends to graduate or delay of graduation will result.

Committee Chair Signature: ___________________________________________ Date: __________

DNP Candidate Signature: ___________________________________________ Date: __________

Revised 11/14/2019 srw