



# DNP Project Declaration Form

**Complete this document and submit to the DNP Program Director with a copy of (1) DNP Project Abstract and (2) Proposal Draft or Review of Literature.**

STUDENT NAME: \_\_\_\_\_

DNP PROJECT DESCRIPTION:

SIGNATURE OF DNP STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT APPROVAL: YES  No

COMMENTS:

SIGNATURE OF SALVE REGINA UNIVERSITY COMMITTEE CHAIR:

\_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF SALVE REGINA UNIVERSITY GRADUATE NURSING PROGRAM DIRECTOR:

\_\_\_\_\_ DATE: \_\_\_\_\_