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**SALVE REGINA  
UNIVERSITY**

## **DNP Project Declaration Form**

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**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 DNP TEAM LEAD:

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

SIGNATURE OF SALVE REGINA UNIVERSITY GRADUATE NURSING PROGRAM DIRECTOR:

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