**Doctor of Nursing Practice (DNP) Project**

**Doctor of Nursing Practice**

**College of Health Science**

**Approval Page Instructions and Template**

Students should electronically submit a template of their blank signature page at least 5 business days prior to their DNP Presentation date to their faculty chair. The chair will ensure that the document is correct.

1. **THE TOP SECTION** of the approval page should include the following, **single-spaced**:
* West Chester University
* College of Health Science & Department of Nursing
1. **THE SECOND SECTION** of the approval page should include the following, **double-spaced**:
* We hereby approve the doctoral project of
* Student’s name; this should be consistent with the name on all pages in the document.
* Candidate for the degree of Doctor of Nursing Practice
1. **THE THIRD SECTION**, the committee member approval section, must include:
* Lines for committee members to write the DNP Presentation **date on the left**
* Lines for committee members to **sign their names on the right**
* Below the committee member signature lines each committee member should have:

**Faculty Chair name:**

* Name, comma, and his/her degree abbreviations (without any internal spaces, i.e. Ph.D. not Ph. D.)
	+ Specific university position within the department. Verify the correct positions by asking the committee members.

**Professional External Mentor name:**

* + The professional mentor and her/his institution or employer name must be included below his/her specific job title and his/her title and degree abbreviations. Please also note that the professional mentor must appear after the advisor and on the approval page.

**Department of Nursing Graduate Coordinator name:**

* + The signature of the Department of Nursing’s Graduate Coordinator is required with his/her degree abbreviations.
1. **THE FOURTH SECTION** should include (flush left):
* ACCEPTED
* A line for the Graduate Dean to sign her/his name on the left and a line for the date on the right.

**Other Important Information**

There must be sufficient space for each member of the committee and the Graduate Dean to date and sign. Spacing in the top and bottom sections of the approval page should not be altered.

Approval pages can never have scanned, faxed, copied, or electronic signatures on the original, or they will not be accepted. They must contain only original, hand-written signatures and dates.

Approval pages should be clean copies with no stray lines, marks, or running headers on them.

The Graduate Dean (or designee) will request the signed approval page at the time the student submits to Digital Commons if it has not already been sent or delivered to the Graduate School, 102 W. Rosedale Ave., McKelvie Hall or via thesisdoc@wcupa.edu. The Graduate Dean (or designee) will sign and date the approval page after the formatting and compliance review is complete, at which time the project is considered accepted.

West Chester University

College of Health Science

We hereby approve the DNP project of

Insert Student Name

Candidate for the degree of Doctor of Nursing Practice

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Insert Name, Insert degree abbrev.

Insert University Position

Faculty Advisor

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Insert Name, Insert degree abbrev., Insert job title

Insert Employer/Institution

Professional External Mentor

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Cheryl D. Schlamb, DNP, CRNP

Graduate Coordinator

ACCEPTED

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Jeffery L. Osgood, Ph.D.

Graduate Dean