

## DNP Manuscript Defense Approval

First Name: \*

Last Name: \*

Student ID: \*

Date: \*

- Choose your DNP program: \*
- Adult-Gerontology Acute Care Nurse Practitioner (Doctor of Nursing Practice)
  - Family Nurse Practitioner (Doctor of Nursing Practice)
  - Post-Master's DNP (Doctor of Nursing Practice)

Manuscript Title: \*

Date of Manuscript Approval: \*

Student Signature	<input type="text" value="Electronically signed by Hilarie Rankin on 06/28/2021 4:35:15 PM"/>
Chair, DNP Manuscript Signature	<input type="text" value="Electronically signed by Heather Wallace on 06/28/2021 4:57:57 PM"/>
DNP Clinical Coordinator Signature	<input type="text" value="Electronically signed by Lori McGrath on 06/28/2021 5:00:13 PM"/>
DNP Program Coordinator Signature	<input type="text" value="Electronically signed by Donna Dunn on 06/29/2021 8:33:02 AM"/>
Director of Online & Graduate Nursing Programs Signature	<input type="text" value="Electronically signed by Kimberly Helms on 06/29/2021 11:23:47 AM"/>
Dean of Graduate Studies Signature	<input type="text" value="Electronically signed by Channing Ford on 07/01/2021 5:36:52 PM"/>