TITLE: SUPERVISORY COMMITTEE FOR DOCTOR OF NURSING PRACTICE PROGRAM PROJECT

POLICY: Doctor of Nursing Practice (DNP) students will have a Supervisory Committee to guide the completion of the final project.

RATIONALE: College of Nursing faculty support students in completion of the advanced nursing project which demonstrates integration of learning.

PROCEDURE:

1. The purpose of the Supervisory Committee is to provide guidance to the student in completion of the project and to evaluate the final project.

2. The committee is formed no later than midterm in the semester prior to student enrollment in NGR 7970L Advanced Nursing Project.

3. Students are responsible for arranging meetings with their advisors to discuss potential committee members.

4. The committee will consist of at least two members, one of whom will be a College of Nursing faculty member and will serve as chair.

5. At least one member of the committee must have expertise in the student’s area of interest.

6. The chair of the committee must hold an earned doctorate.

7. Following selection of the Supervisory Committee Chair and member, the Student will submit DNP Program Supervisory Committee Form (Attachment #1) for appropriate approvals.
8. Student requests for changes in the Supervisory Committee must be presented to the Associate Dean for Academic Affairs (ADAA) in writing and must include rationale. The ADAA will discuss the request with the student’s advisor, and others as deemed appropriate. The ADAA will then inform the student regarding the outcome of the request.

9. The Advanced Nursing Project Final Report Evaluation Form (Attachment # 2) is signed by all members of Supervisory Committee and forwarded to ADAA for distribution.

10. The Supervisory Chair is responsible for submitting the final grade to the DNP Program Director.

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<th>Responsible Party</th>
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<th>Most Recent Approval / Review Of Changes</th>
<th>Editorial Changes</th>
<th>Policy A-01 Review</th>
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Attachment # 1

DNP PROGRAM SUPERVISORY COMMITTEE FORM

Date: _____________________________________________________________

Student: __________________________________________________________

Email Address: ____________________________________________________

Telephone: _________________________________________________________

PROJECT TITLE: ____________________________________________________

___________________________________________________________________

Supervisory Committee: (Please print clearly)

Chair: ______________________________________________________________

Member(s): __________________________________________________________

Signatures:

Student : ____________________________________________________________

Committee Chair: ____________________________________________________

Committee Member(s): ________________________________________________

Department Chair(s): ________________________________________________

DNP Program director: ____________________________

Distribution -- Original to: Student Record ___ Copy Sent to: ____ Student ____ DNP Program director
DNP Program
Advanced Nursing Project Final Report Evaluation

To: Associate Dean for Academic Affairs

_________________________ has submitted in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice, the final written report of the Advanced Nursing Project.

This has been examined by all members of the Supervisory Committee and has been evaluated as:

_____ Satisfactory
_____ Unsatisfactory

Committee Members
Name (Print)       Department/Affiliation       Signature       Date
(Chair)           _________________________       _________________________       ______
_________________________       _________________________       _________________________       ______
_________________________       _________________________       _________________________       ______

Distribution -- Original to: Student Record ______ Copy Sent to: Academic Affairs __________