**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Nursing Practice**

**CHANGE OF SCHOLARLY PROJECT COMMITTEE**

Date: Click here to enter a date.

Student Name: Click here to enter text.

The following change in the committee is requested:

Committee Chair from Click here to enter text. to Click here to enter text.

Committee Member from Click here to enter text. to Click here to enter text.

Committee Member from Click here to enter text. to Click here to enter text.

Committee Member from Click here to enter text. to Click here to enter text.

Committee Member from Click here to enter text. to Click here to enter text.

**Committee Members:**

**Name Rank Dept (if not nursing)**

Click here to enter text.Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.Click here to enter text.

**Approved:**

Committee Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

DNP Program Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Director of Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**Forward to MCN Office of Student Services**