**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Nursing Practice Program**

**REQUEST FOR APPOINTMENT OF SCHOLARLY PROJECT COMMITTEE**

This form is to be signed by the committee chair and submitted to Mennonite College of Nursing Office of Student Services prior to beginning Scholarly Project and Practice Residency.

Date: Click here to enter a date.

Student Name: Click here to enter text. UID# Click here to enter text.

Click here to enter text. (faculty name) has agreed to serve as my committee chair.

**Committee Members:**

Note: The committee consists of at least the students’ faculty advisor (chair) and the Scholarly Project practice setting preceptor. Additional members may be included as described in number three. Attach a current curriculum vitae for the preceptor and additional committee members.

1. The faculty advisor will be a doctoral-prepared faculty member, with a full graduate faculty appointment, and scholarly interest or expertise in the student’s area of focus for the Scholarly Project.
2. The preceptor will be the sponsor in the Scholarly Project practice setting, master’s prepared or preferably doctoral-prepared.

Additional members may include other doctoral-prepared faculty with a full graduate faculty appointment, and person(s) with specific expertise applicable to the project.

**Signatures from committee members Rank Dept (if not nursing)**

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**Approved:**

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

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

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

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

**Forward to MCN Office of Student Services**