**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.

Faculty Name: Click or tap here to enter text. 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.
3. 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:**

Type to sign name below

Committee Chair Click or tap here to enter text. Date: Click here to enter a date.

Student Click or tap here to enter text. Date: Click here to enter a date.

DNP Program Leader Click or tap here to enter text. Date: Click here to enter a date.

Director of Graduate Programs Click or tap here to enter text. Date: Click here to enter a date.

***Electronic Signature***

*If you are under the age of 18 or have not elected to participate in electronic signature at the University, please call 309-438-7400 to request a hard copy of the form be emailed to you for submission. If you are under the age of 18, a parent must sign the hard copy .pdf version of the form.*

*By typing my name in the indicated fields, I hereby acknowledge that I consent to sign Request for Appointment of Scholarly Project Committee form. I also acknowledge that I have had sufficient time to review and seek explanation of the terms and conditions contained above, have carefully read them, understand them fully, and agree to be legally bound by them. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.*

**Forward to MCN Office of Student Services**