

BSN-DNP - ACUTE CARE NURSE PRACTITIONER PROPOSED PROGRAM OF STUDY (TTU Home Campus Student- Effective Aug 2018)

T. No.

Name:

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College of Graduate Studies Designee

Appointment of Project Committee

I hereby request that the following members of the Graduate Faculty be appointed to serve on my Graduate Project Committee:

Name (please type in committee names)

Chairperson			
Member			
Student's Signati	ure	 Date	
Student T No			
Approved	Concentration Coordinator		date
	Concentration Coordinator		uale
Approved			
	School of Nursing Designee		date
Approved			
	College of Graduate Studies Designee		date