

Request to Schedule DNP Project Presentation

This form must be submitted a minimum of 2 weeks/14 days prior to your scheduled project presentation

Student Name: _____ UK ID #: _____

Title of DNP Project: _____

Student Advisory Committee	Committee Members	Email Address
Chair		
Clinical Mentor		
Committee Member		
Other Member (if applicable)		

DNP Project Presentation Details	
Date	
Time	
Location (room & building)	

SIGNATURE

Prior to submitting this form, student must secure the signature of their Faculty Advisor/DNP Chair to confirm approval that the student is prepared for the DNP project presentation.

Signature: _____ Date _____
Faculty Advisor/DNP Chair

SUBMIT

These items must be submitted along with this signed form:

- ✓ CV in the College approved format
- ✓ Abstract for DNP project paper
- ✓ Photo for presentation announcement and brochure



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 Office of Student Services, Room 315D