



MOUNT CARMEL
College of Nursing

**Doctor of Nursing Practice
Doctoral Project Completion Form**

Name of Student _____

Project Title _____

Date of Public Presentation _____

_____ has satisfactorily completed a publishable manuscript and public presentation to document and disseminate the proceedings of the doctoral project. This project is accepted by the faculty of Mount Carmel College of Nursing in partial fulfillment of the requirements for the Doctor of Nursing Practice degree.

Doctoral Project Team:

1. _____
Printed Name Title

Signature Date

2. _____
Printed Name Title

Signature Date

3. _____
Printed Name Title

Signature Date

(Submit the completed Doctoral Project completion form to the Associate Dean, Graduate Program)

