

**DNP Scholarly Project Final Examination Report**

Student Name: \_\_\_\_\_ UMID #: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Date of Oral Defense and Examination: \_\_\_\_\_

**Committee Members:**

Chair: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member (Optional): \_\_\_\_\_

**Results of Oral Examination:**

\_\_\_ Pass

\_\_\_ Pass – revisions

\_\_\_ Unacceptable

Comments:

**Each committee member in attendance must sign the report:**

Chairperson, Scholarly Project Committee: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Date: \_\_\_\_\_

*This completed form should be submitted to the Director of the DNP Program.*

By signing I confirm that the revisions noted above have been made and the scholarly project final paper has been approved.

Chairperson signature: \_\_\_\_\_ Date: \_\_\_\_\_