Project Proposal
Medical University of South Carolina

CERTIFICATION OF ELIGIBILITY for Residency

Successful Defense of Practice Improvement Project Proposal

Name of Student: ________________________________

The DNP Advisory Committee for the above-named student certifies that the student has successfully defended the DNP Practice Improvement Project Proposal Requirements listed below:

QUALIFYING EXAMINATIONS

Defense of Project Proposal: ________________________________

The student has received approval to more forward with their project during Residency.

Project Title: ____________________________________________

Brief Approval Overview: __________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

The above named student has met the practice improvement project proposal requirements for the DNP Degree. An approved Plan for the project is outlined in MyFolio. After IRB approval the student may begin the project during Residency.

__________________________________  Date
Practice Inquiry & IRB Faculty

The following committee members listed below approved the defense:

Signatures, Advisory Committee: ________________________________  Date

__________________________________  Date

__________________________________  Date

__________________________________  Date

Director, DNP Program

RETURN COMPLETED FORM TO GRADUATE OFFICE