

DNP Scholarly Project Request for Change of Chair Form

Instructions: Complete the form and obtain appropriate signatures, then email form to the DNP Program Director then gnsao@uci.edu for approval.

Quarter/Academic Year	Year in Program	Date
Name		
Program (Post-Masters or FNP)		
Current Faculty Chair		
New Faculty Chair		
Reason for requesting cha	ange of DNP Scholarly Proje	ct Chair:
raduate Student Signature	Date	
urrent Faculty Chair Signature	Date	
lew Faculty Chair Signature	 Date	
iew i aculty chall bighature	Date	
rogram Director Signature	 Date	

