

MARQUETTE UNIVERSITY GRADUATE SCHOOL DNP PROGRAM PLANNING FORM

This form must be completed and submitted to the Graduate School within the student's first semester of their program. A change to any of the data below will require the submission of a new, updated, signed and approved "DNP Program Planning Form". This form is required by the end of your first semester of your DNP program. If you need any assistance completing this form, please contact the Graduate School at 414-288-7137.

I. STUDENT INFORMATION to be filled out by the student.

Name: MUID:

Adviser:

Degree:

Specialization:

II. PROGRAM REQUIREMENTS to be filled out by student in collaboration with the student's adviser.

Course Credits Required (How many?):

III. SIGNATURES

Student Signature:

DGS or Chair Approval/Signature:

Graduate School Approval/Signature: