

MEMORANDUM OF REQUEST TO ESTABLISH SUPERVISORY COMMITTEE FOR DOCTOR OF NURSING PRACTICE

Student Name:		Track:	Date:
My Capstone is:	Individual Project	Group Project	
Project:			
Project Site:			
I respectfully request review for approval of the below-named faculty members for my Supervisory Committee and, if approved, subsequent forwarding of this request to the Dean of the UW Graduate School.			
Chairperson:			
Title and Dept.:			
Signature:		Da	ate:
As the proposed Supervisory Comember and approve of this re		I have thoroughly evaluated the app	propriateness of each proposed committee
Second Member:			
Title and Dept.:			
Co-Chair	Signature, if co-chair:		Date:
Third Member:			
Title and Dept.:			
Fourth Member (indicate if optional):			Optional
Title and Dept.:			
Analysis of how optional member will contribute:			
This form and the Human and Animal Subjects form must be submitted and approved BEFORE you begin implementation work on your project.			

IMPORTANT: At least two members must be graduate faculty with an endorsement to chair committees. Visit https://grad.uw.edu/for-faculty-and-staff/faculty-locator/ for more information.