



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:

Program: Adviser:

Degree: Program Start Term:

Specialization:

Do you intend to pursue a MSN along with your DNP degree? Yes No

If yes, which specialization?

Do you intend to pursue a post master's certificate along with your DNP degree? Yes No

If yes, which specialization?

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

Post BS Post MSN

Course Credits Required (How many?):

Comprehensive Exam:

III. SIGNATURES

Student Signature: Date:

Adviser Signature: Date:

DGS or Chair Approval/Signature: Date:

IV. GRADUATE ADMISSIONS

Student's program updated in PeopleSoft

Admissions Director Signature Date:

V. GRADUATE RECORDS

Graduate School Approval/Signature: Date: