

APPENDIX VI
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES
(CON INTERNAL FORM USE ONLY)

**THE APPOINTMENT OF AN ADVISORY COMMITTEE FOR THE
DOCTOR OF NURSING PRACTICE DEGREE**

NAME: _____ E# _____
Student's Name (Please type or print)

Admitted to doctoral study in the College of Nursing in the _____ semester of _____.
Fall/Spring/summer (year)

Field of Study: Nursing Practice Concentration: _____ Degree: DNP

NOTE: On admission to the program, the student will be assigned a major academic advisor. The major academic advisor will approve the student's program of study and advise the student throughout coursework. In conjunction with the DNP Program Coordinator and Director of Graduate Programs, the student will select a capstone chair. The capstone chair and student identify the capstone committee. The capstone committee must consist of two eligible committee members. The chair of the capstone committee must be a doctorally prepared, ETSU College of Nursing faculty member with member or senior member status; one capstone committee member who is a master's or doctorally prepared Con faculty member and one master's prepared committee member from the community, agency, or clinical site. Faculty outside of ETSU will need to have temporary graduate faculty status from ETSU School of Graduate Studies. Committee members must hold current IRB certification.

The members of the student's advisory committee as indicated below were designated during a conference with
with the student on _____
Date Coordinator

Faculty Signature affixed below constitute acceptance of the advisory committee assignment.

For Office Use Only

Committee Names (Please Type or Print)

Committee Signatures:

_____	_____	_____	_____
Chair, Advisory Committee	Phone Number	Signature	Date
_____	_____	_____	_____
Committee Member	Phone Number	Signature	Date
_____	_____	_____	_____
Committee Member	Phone Number	Signature	Date
_____	_____	_____	_____
Committee Member	Phone Number	Signature	Date
_____	_____	_____	_____
Committee Member	Phone Number	Signature	Date

Grad Faculty Status	Expiration Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____