

DNP External Subject-Area Expert Mentor Approval Form

DATE

STUDENT NAME

STUDENT ID

SUBJECT-AREA EXPERT MENTOR INFORMATION

Please list the subject-area mentor name, current role, credentials and contact information. Provide rationale that speaks to why this individual is appropriate as the student's identified subject-area expert mentor.

- The mentor has been provided and reviewed the subject-area expert mentor information document.
- An affiliation agreement has been verified and approved by the site and Program Director.
- Additional site or organization-specific requirements/approval considerations have been considered and met by the College, student and mentor (as applicable).

RECOMMENDATION OF DNP RESIDENCY COORDINATOR FOR MENTOR APPROVAL

- Approved
- Not approved
Attach detailed feedback for the student regarding the decision and/or additional information required for approval consideration.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF DNP PROJECT FACULTY CHAIR

DATE

SIGNATURE OF PROGRAM DIRECTOR

DATE

OFFICE USE ONLY

Check and date the following items:

_____ Original in student file _____

_____ Copy sent to student _____

_____ Copy sent to Program Director _____