



UNIVERSITY OF KENTUCKY - COLLEGE OF NURSING

ELECTRONIC DNP PROJECT APPROVAL FORM FOR FINAL COPY

Student Name: Charlstyn Brown

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Current Address:

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Doctor of Nursing Practice Project Title:

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The document mentioned above has been reviewed and accepted by the student's advisor, on behalf of the advisory committee, and by the Assistant Dean for MSN and DNP Studies, on behalf of the program; we verify that this is the final, approved version of the student's DNP Project including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

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Signature: Charlstyn Brown  
STUDENT

Date 7/27/2023

Signature: Leslie K Scott PhD  
ADVISOR

Date 7/17/2023

Signature: \_\_\_\_\_  
ASSISTANT DEAN FOR MSN/DNP STUDIES

Date