

**DNP PROJECT CONTINUATION COURSE AGREEMENT**

|  |  |
| --- | --- |
| Date: | Semester: [insert semester/year] |
| Student Name: | |
| Course Name and Number and Title (IP grade): | |
| Course Faculty: | |
| DNP Project Chair: | |
| Program Name: | Specialty Director: |

Is this the first time you have requested enrollment for Project Continuation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Is this the first time you have requested enrollment for Project Continuation for the above course?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N

If not, when did you first enroll in Project Continuation for this course? [insert semester/year]

As of [insert date], my DNP project completion has been delayed due to [illness, death in family, name extenuating circumstance for reason coursework has not been completed]. The status of my DNP Project and timeline to complete the project is outlined below. In agreement with my course faculty and project chair, I [will receive/have received] an In-Progress (IP) grade for the above course. Please note, the student MAY have a course grade in which case the previous sentence if not applicable-please check. I understand Project Continuation is graded as Satisfactory (SA)/ Unsatisfactory (US) and failure to complete the deliverables outlined below by the assigned due date(s) will result in a course grade of US.

More specific information about the graduate program academic progression policy as it pertains to completion of an In-Progress grade, enrollment and successful completion of Project Continuation, time to program completion, etc. is available in the Division of Advanced Nursing Practice Student Handbook.

https://nursing.rutgers.edu/wp-content/uploads/2021/09/ANP-Division-Student-Handbook\_091421.pdf.

The status of my project is as follows:

|  |  |
| --- | --- |
| **Project Phase** | **Status** (check appropriate box) |
| Written Proposal | □ submitted □ in revision □ approved |
| Proposal Presentation | □ submitted □ in revision □ approved |
| Site IRB | □ submitted □ in revision □ approved □ NA |
| Rutgers IRB | □ submitted □ in revision □ approved |
| Implementation | □ in-progress □ completed |
| Data Collection | □ in-progress □ completed |
| Data Analysis | □ in-progress □ completed |
| Writing results and final paper | □ in-progress □ submitted □ in revision □ approved |
| Scheduling final presentation | Awaiting presentation date |

Please provide the semester plan for the project related deliverables:

|  |  |
| --- | --- |
| **DELIVERABLE(S)** | **DEADLINE DATE(S)**  **\*\*BE SPECIFIC** |
| Written Proposal |  |
| Proposal Presentation |  |
| Site IRB (if applicable) |  |
| Rutgers IRB |  |
| Implementation |  |
| Data Collection |  |
| Data Analysis |  |
| Written Results |  |
| Final Paper |  |
| Project Presentation |  |
| Other: Specify |  |

I understand as a student, it is my responsibility to complete and submit the required assignments/complete the necessary project hours and remain in touch with the DNP Project Chair, DNP Project course faculty, DNP Projects Specialty Director, and Specialty/Program Director to provide updates. Failure to complete the above referenced assignment(s) within the agreed upon time frame will result in a US course grade.

The School of Nursing is committed to your academic and professional success. To assist you, we want you to make sure you are aware of a variety of services to help you achieve your academic goals. If you are having trouble with completing the DNP Project and associated assignments, we urge you to: 1) schedule a meeting to speak with the DNP Project Chair and/or Specialty Director to discuss how to address areas of concern and/or 2) access support services available at our Office of Academic Success https://sites.rutgers.edu/sn-oas/ or by contacting them directly at (973) 972-9626. Lastly, if you have personal concerns, we encourage you to seek appropriate counseling/support through private of University-based programs (Student Wellness Program, http://shp.rutgers.edu/current\_students/shrp\_oss\_mhc.html).

I have reviewed the graduate academic progression policy in its entirety and agree with the course completion agreement and deadline dates as outlined. I understand if I am unable to complete the assignments as outlined, it will result in a course grade of US.

Student Name:

Student Signature\*: Date:

DNP Project Chair Name:

DNP Project Chair Signature\*: Date:

DNP Project Course Faculty Name:

DNP Project Course Faculty Signature\*: Date:

***\*Font signatures are not acceptable on this form.***

The fully executed form must be forwarded to one of the administrative support staff to be distributed to the individuals below and uploaded to the student file

cc: Student

DNP Project Chair

DNP Project Course Faculty

DNP Projects Specialty Director

Specialty/Program Director

Student file