

University of Southern Indiana  
Doctor of Nursing Practice Program  
Student Agreement Form

Student Name Printed: \_\_\_\_\_ ID Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Mentor Name: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ I understand my faculty mentor is to be included on all dissemination products (manuscripts, poster or podium presentations) that are related to my DNP project. I understand the faculty mentor is to be listed as second author. The faculty mentor must approve the product prior to submission.

Yes \_\_\_\_\_ No \_\_\_\_\_ I understand USI course faculty are to be included on manuscripts or Poster/podium presentations if these are products related to their DNP course material (example Concept Analysis paper and Nursing Theory course or Innovation paper and Resource Utilization course). The faculty mentor must approve the product prior to submission.

Yes \_\_\_\_\_ No \_\_\_\_\_ I have read and understand I am to abide by university policies, including the social media policy, and the Doctor of Nursing Practice Student Handbook.

- *Please complete this form and upload into your Blackboard course site each semester.*