Community Health Network

Graduate/Post Graduate Student Project

Nursing Leadership Support of Project/Research

Part I: To be completed by the student.

Student Name	
Project Title	
Anticipated practice change	
Potential outcomes for unit/department	
Anticipated cost of the project	
Needed staff education	
Length of study	

Student Name (printed):_____

Student signature: _____

Date:_____

Part II: Nursing Leader to read above and sign below.

My signature indicates support of the research/process improvement and any costs that may arise for the research.

Nursing Leader Signature:_____

Date:_____