



University of Southern Indiana

DNP Practice Hours

I, _____, completed a minimum of ____ practice hours as part of the requirement for my graduate degree in nursing. I completed my graduate degree at _____ in _____.
(name of school) (year)

I completed the following courses which had practice hours as part of the course requirements.

Course Number	Course Title & # of Credits	Number of Practice Hours

Program Chair or Designee Signature (From Where Courses Were Completed)

Student Signature: _____

Date: _____