Univeristy of Alberta

Faculty of Nursing

**NOTICE**

**MASTER OF NURSING**

**THESIS PROPOSAL ORAL EXAMINATION**

#### Student’s Name:

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| --- |
| Title of Thesis Proposal:       |

ORAL EXAMINATION:

Date and time:

Place:

THESIS COMMITTEE:

|  |  |
| --- | --- |
| Name | Department |
| Supervisor:       |       |
| Member:       |        |
| Member:       |        |
| Member:       |        |

(Signature) Supervisor Date

###### OFFICE USE ONLY: If student admitted on or after September 2004, confirm completion of ethics training requirement: