Univeristy of Alberta

Faculty of Nursing

**NOTICE**

**MASTER OF NURSING**

**THESIS PROPOSAL ORAL EXAMINATION**

#### Student’s Name:

|  |
| --- |
| 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:

     