**Faculty of Nursing**

**REPORT**

**MASTER OF NURSING**

**THESIS PROPOSAL ORAL EXAMINATION**

A signature on Part III signifies approval of the Thesis Proposal and agreement to serve on the Thesis Committee in the capacity indicated.

PART I MN STUDENT

NAME:

|  |
| --- |
| TITLE OF THESIS PROPOSAL:        |

DATE OF EXAM:

PART II RECOMMENDATION(S) OF THESIS COMMITTEE

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|       |

PART III THESIS COMMITTEE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature | Department | Date |
| Supervisor:  |  |       |       |
| Member: |  |       |       |
| Member: |  |       |       |

Date       Signature

 Associate Dean, Graduate Studies