

Graduate Program Approval Form MScN Program– Project Option

Student Name: _____ Student ID: _____

Admit Date: _____ Status: Full-time

Supervisor's Name: _____ Part-time

Co-Supervisor's Name: _____

Required Courses - A minimum of 33 credit hours is required.

NURS 604-3 - The Healing and Well-being of Indigenous Peoples
 NURS 606-3 - Developing Nursing Knowledge
 NURS 607-3 - Appraising and Synthesizing Evidence to for Practice
 NURS 618-3 - Research Approaches for Nursing and Health
 NURS 703-3 - Health Program Planning, Community Development and Evaluation or NURS 705-3 Mobilizing Knowledge
 in Health and Health Care
 NURS 704-3 - Leadership in Health Care and Practice
 NURS 797-6 - MScN Project

Please specify the student's electives:

(At least 9 credit hours of graduate level study at or above the 600 level.)

Any Additional Courses Required by the Program:

Student

Print Name

Signature

Date

Supervisor

Print Name

Signature

Date

Co-Supervisor

Print Name

Signature

Date

Program Chair

Print Name

Signature

Date

OGP USE ONLY Dean's review required?

No

Yes - date submitted for review:

Initials:

DEAN'S DECISION

Approved

Additional information required

Denied

Print Name:

Signature:

Date: