

**Graduate Program Approval Form  
MScN –Family Nurse Practitioner Stream**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Admit Date: \_\_\_\_\_ Status:  Full-time  
Supervisor's Name: \_\_\_\_\_  Part-time  
Co-Supervisor's Name: \_\_\_\_\_

**Required Courses:**

- NURS 604-3 The Healing and Well-Being of Indigenous Peoples
- NURS 606-3 Developing Nursing Knowledge
- NURS 607-3 Applying Research and Evidence to Practice
- NURS 703-3 Health Program Planning, Community Development
- POLS 603-3 Social and Health Policy in the Context of Health and Health Care

**Comments:**

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\_\_\_\_\_  
\_\_\_\_\_

**Nurse Practitioner Courses:**

- NURS 602-3 Pathophysiology
- NURS 603-3 Health Assessment and Diagnostic Reasoning
- NURS 720-6 Practicum: Integrating Primary Health Care I
- NURS 605-3 Pharmacological Management and Therapeutic Interventions
- NURS 730-6 Practicum: Integrating Primary Health Care II
- NURS 608-3 Ethics, Accountability and Responsibility for Practice
- NURS 790-9 Nurse Practitioner Internship
- NURS 798-3 Nurse Practitioner Project

**Any Additional Courses Required by the Program:**

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*A minimum of 51 credit hours is required.*

**Student**

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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**Supervisor**

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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**Co-Supervisor**

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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**Program Chair**

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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**Vice President Research  
and Graduate Programs  
(or designate)**

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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