

Date Received by  
Office of  
Graduate Programs

**Graduate Program Approval Form  
MSc. Nursing – Thesis Stream**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Status: Full-time

Supervisor's Name: \_\_\_\_\_ Part-time

Co-Supervisor's Name: \_\_\_\_\_

**Required Courses - A minimum of 36 credit hours is required.**

- NURS 604-3
- NURS 606-3
- NURS 607-3
- NURS 703-3
- POLS 603-3 (*POLS 603-3 is precluded if students already have credit for POLS 403-3. Students are required to choose another course to make up the credit hours upon consultation with their supervisor*)
- NURS 799-12 - Thesis

**Advanced Nursing Practice Courses:**

- NURS 609-3
- NURS 610-3

**Please specify the student's electives:**

*(At least 3 credit hours of graduate level study at or above the 600 level.)*

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

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<b>Student</b>	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<b>Supervisor</b>	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<b>Co-Supervisor</b>	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<b>Program Chair</b>	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<b>Vice President Research and Graduate Programs (or designate)</b>	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>